


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <del>095</del> P95000087442			
1. Corporation Name MARKETING EXPERTS, INC.			
Principal Place of Business		Mailing Address	
C/O ILENE THEODORE 15211 Loch Isle Dr W Miami Lakes, FL 33014		C/O ILENE THEODORE 15211 Loch Isle Dr W Miami Lakes, FL 33014	
2. Principal Place of Business		2a. Mailing Address	
21 C/O Ilene Theodore	26 C/O Ilene Theodore	3. Date Incorporated or Qualified 11/13/95	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 4/26/96	
22 15211 Loch Isle Dr W	27 15211 Loch Isle Dr W	4. FEI Number 74-2775738	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable	
23 Miami Lakes, FL	28 Miami Lakes, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33014	25 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country	Country	9. Name and Address of Current Registered Agent	
ELKIN, MICHAEL D 3200 N 46th Ave Hollywood, FL 33021		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	Makol, Linda	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
911 NE 199th St Apt 205		1.2 NAME	
Miami FL 33179		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
D	Theodore, Ilene	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15211 Loch Isle Dr W		2.2 NAME	
Miami Lakes, FL 33014		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ilene Theodore

4/10/97

Date

305-364-9992

Daytime Phone #

CR2E034 (9/96)