FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



ANNL	PORATION JAL REPORT 1996	FEORIDA DEPAR Sandra B Scoretary DIVISION OF C	Mortham y of State			
DOCUN 1. Corporation	MENT # P9500	00087452 (5)				
J.M.C.	MARKETING, INC.					
Principal Place	of Business	Mailing Address				08111: 30881 10111 10011 01101 01110 1161 1801
661 SW 4 STREET BOCA RATON FL 33486		661 SW 4 STREET BOCA RATON FL 33486				
					3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address			4. FEI Number	Applied For
21 SAME		26			65-0612488	
Suite, Apt. #		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zφ 29	Country		8. This corporation has liability for	
	9. Name and Address of Curre				10. Name and Address of New R	
			81	Name		
	JENNIFER M		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)
661 SW 4 STREET BOCA RATON FL 33486			83			
BOOK IN	ATON FL 33400					
			84	City		FL 85 Zip Code
11. Pursuant to or registers	o the provisions of Sections 607.050 add agent for both, in the State of Flo	02 and 607.1508, Florida Statutes, r da. Such change was authorized	the above-r	named cor	poration submits this statement for the pur poard of directors. Thereby accept the appo	pose of changing its registered office
	h, and accept the obligations of. Sec	ction 607.0505, Florida Statutes.	Try the Cong.	("aton.o.	outly of directors. The edy accept the appr	Ontment as registered agent, i am
SIGNATURE _	Signature, typerfor printed name, of regularised app	otas (Nortagna) ata (Norta	Sugaren d'Agres	Is gnature no	g word whee revistaling	DATE
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	0	☐ DELFTE	1 1 THILE			Change Addition
NAME	CLARK, JENNIFER M		1.2 NAME			
STREET ADORESS	661 S W 4 STREET		13 STREET			
CITY+S1-ZIP TITLE	BOCA RATON FL 33486	DELETE	14 Cily - S 2 1 liftE	T - ZiP		Cl Change D Addition
NAME		L) section	2 2 NAME			Change Addition
STREET ADDRESS			23 STREET	∆annga ss		
CITY-ST-ZIP			24 O IY-S			
TITLE		DELETE	3 1 TaTLE	1		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S*88E.I	ADDRESS		
C(TY - ST - Z(P		Doctor.	34 CHY-S	T-ZIP		
TITLE		☐ DELETE	4 1 THILE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	44 C(TY-S)	I ZIP		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STHEET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELFTE	6 1 THE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Live

District requires

64017-51-21P

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CR2E034 (12/95)