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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000087452 (5) DOCUMENT

J.M.C. MARKETING, INC.

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address 661 SW 4 STREET 861 SW 4 STREET **BOCA RATON FL 33486 BOCA RATON FL 33486-4609** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/14/1995 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0622488 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Z_{1D} 8. This corporation has liability for intangible tax under s. 199.032, Yes Wo 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, JENNIFER M 661 SW 4 STREET Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33486** 83 84 City 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 Styreating type disciplinated has solor registerent agest and trie if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. ___ DELETE Change Addition 1.1 TITLE THUE CLARK, JENNIFER M NAME 12 NAME CR2E034 **661 S W 4 STREET** 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-Z:P 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TiTUE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAMS 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CiTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition THLE 5.1 TITLE NAME 5.2 NAME

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP.

6.1 TrilE

6.2 NAME

Dark DENNIFER MCLARKI/15/97 561-391-2244

DELETE

FILED Jan 23 1997 8:00am Secretary of State



Addition