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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-S1-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087836 (9)

MARKETING BY MAEL, INC.

Principal Place of Business Mailing Address 4571 NW 70TH AVENUE 4571 NW 70TH AVENUE LAUDERDHILL FL 33319-4043 LAUDERDHILL FL 33319 3a. Date of Last Report 3. Date Incorporated or Qualified 11/14/1995 04/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0619472 21 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GLANCY, SUSAN M 3300 UNIVERSITY DRIVE STE 612 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 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** Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE MAEL, BOBBIE L 1.2 NAME NAME 4571 NW 70TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **LAUDERDHILL FL 33319** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHTY-ST-ZIP DELETE Channe Addition TITLE 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS

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