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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

☐ Change

Change

Change

Addition

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Addition

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000098 (9)

MARKET INTELLIGENCE RESEARCH AND CONSULTING COMPANY

Principal Place of Business 4534 W. VILLAGE DRIVE, SUITE C 4534 W. VILLAGE DRIVE. SUITE C TAMPA FL 33624-3429 TAMPA FL 33624 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country Žιο 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SZEKELY, STEPHEN M 4534 W. VILLAGE DRIVE, SUITE C Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOT): Registered Agent signature regulred when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. E034 (9/96 DELETE Addition 1.1 TO LE TITLE Stephen M. Szekely NAME 1.2 NAME 3110 BOLMORE STREET ADDRESS 1.3 STREET ADDRESS TAMPA CITY-ST-ZIP 1.4 C(1Y - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 exporation 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

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2. 4 CITY - \$1 - ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.1 TITLE

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4. 2 NAME

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

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appears in Block 12 or Block 11 changed, or on an attachment with an address.