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May 07 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 # P96000008600 (4)

1. Corporation Name

COMPUTER ASSISTED MARKETING, INC.



Principal Place of Business

7700 N. KENDALL DRIVE
SUITE 505
MIAMI FL 33156

Mailing Address

7700 N. KENDALL DRIVE
SUITE 505
MIAMI FL 33156-7566

3. Date Incorporated or Qualified

01/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 230 S. MILITARY TRAIL

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

DEERFIELD BEACH, FL

28 City & State

29 Zip Country

24 33442

25 USA

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FISH, MICHAEL K
7700 N. KENDALL DRIVE
SUITE 505
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRIGHT, MAC
STREET ADDRESS 1287 EAST NEWPORT CENTER DRIVE, SUITE 203
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D
NAME KASANICKY, CHARLIE
STREET ADDRESS 1287 EAST NEWPORT CENTER DRIVE, SUITE 203
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME BRIGHT, MAC
1.3 STREET ADDRESS 230 S. MILITARY TRAIL
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.1 TITLE D
2.2 NAME KASANICKY, CHARLIE
2.3 STREET ADDRESS 230 S. MILITARY TRAIL
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

954-419 9333

Daytime Phone

CR2E034 (9/96)