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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018185

1. Corporation Name

Marketing Dynamics, Inc.

[redacted]

Principal Place of Business	Mailing Address
3450 NORTHLAKE BOULEVARD SUITE ~~212~~ LAKE PARK FL 33403	3450 NORTHLAKE BOULEVARD SUITE 212 LAKE PARK FL 33403-1712

3. Date Incorporated or Qualified: 2/26/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: Suite #211
City & State 23:
Zip 24 / Country 25

2a. Mailing Address
26: P.O. Box 30476
Suite, Apt. #, etc. 27:
City & State 28: Palm Beach Gardens
Zip 29: 33420 / Country 30: P.B.

4. FEI Number: 65-0663213 ☐ Applied For ☐ Not Applicable

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

O'BRIEN, CHRISTOPHER J
3450 NORTHLAKE BOULEVARD
SUITE ~~212~~
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: Suite #211
84 City: FL / 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, CHRISTOPHER J 3450 NORTHLAKE BOULEVARD, SUITE ~~212~~ LAKE PARK FL 33403	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres Suite #211	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tracy Greene 3450 Northlake Boulevd. Suite #211 Lake Park 33403	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director/Sec'y Tracy Greene 3450 Northlake Blvd. Suite #211 Lake Park FL 33403	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700002177607 -05/14/97--01002--004 ***391.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002177603 -05/14/97--01002--003	☐ Change ☐ Addition

5/6/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section ***391.025, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]