Applied For

Fee Required

~\$5:00-May Be

Added to Fees

⊠No

Not Applicable \$8.75 Additional



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009262

1. Corporation Name

Suite, Apt. #, etc.

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MARKETING BY F & M, INC.

| Principal Place of Business | Mailing Address | |
|-----------------------------------------------------|--------------------------------------|--|
| 3700 SO OCEAN BLVD HIGHLAND BEACH FL 32481 US | 544 AIRPORT ROAD WARWICK RI 02886 | |
| 2. Principal Place of Business | 2a. Mailing Address | |

City & State.... City. & State 28 Country Zip Country Zip

30 29

Suite, Apt, #, etc.

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATES, INC.

777 S. FLAGLER DRIVE SUITE 500 FAST

May 06, 1999 8:00 am Secretary of State

05-06-1999 90079 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6-Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

01/30/1997 4. FEI Number

59-2291721

| WEST PALM BEACH FL 33401 | | | | | | | |
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| | | | City | FL | | Zip Co | |
| office or n | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th egistered agent, or both, in the State of Florida. Such change was author in familiar with, and accept the obligations of, Section 607.0505, Florida S | zea by | tne cor | d corporation submits this statement for the purpose of chrooration's board of directors. I hereby accept the appointr | nangin ment a | g its re is regis | gistered tered |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist | ered Age | nt signatur | re required when reinstating) DATE | | | |
| 12. | Organization, typed at participant of the participa | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRE | CTOR | 3 IN 12 |
| TITLE | P DELETE 1 | 1 TITLE | | | Chai | nge | Addition |
| NAME I | ZAMMIELLO, FRANK | 2 NAME | | | | | j |
| STREET ADDRESS | | .3 STREE | TADORES | 38 | | | |
| CITY-ST-ZIP | WARWICK RI 02886 | 4 CITY-S | T-ZIP | <u> </u> | | | |
| TITLE | | 1 TITLE | | | Chai | nge | ☐ Addition |
| NAME | ZAMMIELLO | 2 NAME | | | | | |
| STREET ADDRESS | 544 AIRPORT RD 2 | 3 STREE | TADORES | is | | | |
| CITY-ST-ZIP | WARWICK RI 02886 2 | . 4 CITY- | ST-ZIP | | | | |
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| STREET ADDRESS | . | 3 STREE | TADDRES | 38 | | | |
| CITY-ST-ZIP | | .4 CITY-S | T-ZIP | | = | | |
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| NAME | | .2 NAME | | | | | |
| STREET ADDRESS | | | TADDRES | S | | | |
| CITY-ST-ZIP | | .4 CITY-5 | T-ZIP | | === | | FT Address |
| TITLE | - Decete | .1 TITLE | | | Cha | nge | Addition |
| NAME | | .2 NAME | | | | | |
| STREET ADDRESS |) | | TADDRES | ¹⁵ | | | |
| CITY-ST-ZIP | | 4 CITY-9 | T-ZIP | | | | |

81 Name

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14. I 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, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

738-2600

CR2E034 (11/98)