

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S02096

(3)

1. Corporation Name

ALSON MARKETING, INC.



Principal Place of Business

624 NW 21 PLACE
WILTON MANORS FL 33311
US

Mailing Address

PO BOX 13070
FORT LAUDERDALE FL 33316
US

3. Date Incorporated or Qualified

09/14/1990

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRADY MARCIA ALSON
1525 SOUTH ANDREWS AVENUE
SUITE 210
FT LAUDERDALE FL 33316

624 NW 21 Place
Wilton Manors, FL
33311

4. FEE Number

59-3031472

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

10. Name and Address of New Registered Agent

81

Name

82

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

624 NW 21 place

83

84

City

Wilton Manors

FL

Zip Code

33311

11. Pursuant to the provisions of Sections 607.0102 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 obligation of, Section 607.1508, Florida Statutes.

SIGNATURE

Marcia Alson Grady

3/27/96

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

GRADY, MARCIA ALSON

STREET ADDRESS

624 NW 21 PLACE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

SIGNATURE:

Marcia Alson Grady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

954-563-2858

CR2E034 (12/95)