**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 AUG 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # S40849** (9)

1. Corporation Name
**CORPORATE MARKETING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8535-3 BAYMEADOWS RD.<br>SUITE 117<br>JACKSONVILLE FL 32256 | 8535-3 BAYMEADOWS RD.<br>SUITE 117<br>JACKSONVILLE FL 32256 |

3. Date Incorporated or Qualified: 03/14/1991
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0292518 — ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2425 E. Commercial | 26 Blvd SAME |
| 22 Suite, Apt. #, etc. # 303 | 27 Suite, Apt. #, etc. |
| 23 City & State Ft. Lauderdale, Fl | 28 City & State |
| 24 Zip 33308 / 25 Country USA | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

KATE LI
8535-3 BAYMEADOWS RD.
SUITE 117
JACKSONVILLE FL 32256

**10. Name and Address of New Registered Agent**

81 Name: Kate Li
82 Street Address (P.O. Box Number is Not Acceptable): 2425 E. Commercial Blvd. # 303
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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 Charles Evans (Signature, typed or printed name of registered agent and title if applicable) DATE 7/31/95
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V | 1 1 TITLE | ☐ Change ☐ Addition |
| NAME | LI, KATE | 1 2 NAME | |
| STREET ADDRESS | 8535-3 BAYMEADOWS RD., #117 | 1 3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | 1 4 CITY-ST-ZIP | |
| TITLE | P | 2 1 TITLE | ☒ Change ☐ Addition |
| NAME | PERRY, KITTY LEE | 2 2 NAME | Charles Evans, President |
| STREET ADDRESS | 8535-3 BAYMEADOWS RD. #117 | 2 3 STREET ADDRESS | 2425 E. Commercial Blvd. # 303 |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | 2 4 CITY-ST-ZIP | Ft. Lauderdale, Fl 33308 |
| TITLE | ST | 3 1 TITLE | ☒ Change ☐ Addition |
| NAME | TODD, KARYN | 3 2 NAME | Suzan Evans, E.V.P., S.T. |
| STREET ADDRESS | 8535-3 BAYMEADOWS RD. #117 | 3 3 STREET ADDRESS | 2425 E. Commercial Blvd. # 303 |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | 3 4 CITY-ST-ZIP | Ft. Lauderdale, Fl 33308 |
| TITLE | | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Charles Evans, President — Date 7/31/95 — Daytime Phone # 305.771.4266
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Charles Evans

CR2E034 (3/95)

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