

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 # **S46652** (1)

1. Corporation Name

CHAIN REACTION MARKETING INC.
Chain Reaction Enterprises, Inc.

Principal Place of Business

Mailing Address

~~4030 NORTH FEDERAL HIGHWAY~~
POMPANO BEACH FL 33064
US

4699 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064
US

Name changed.



2. Principal Place of Business

2a. Mailing Address

21 **661-A Cypress Lake Blvd**
Suite, Apt. #, etc.

26 **661-A Cypress Lake Blvd**
Suite, Apt. #, etc.

City & State

City & State

23 **Pompano Bch. FL**

28 **Pompano Bch. FL 33064**

24 Zip **33064**

25 Country **Broward.**

29 Zip **33064**

30 Country **Broward.**

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1991

3a. Date of Last Report

04/27/1995

4. FCI Number

65-0258002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Avner Holzmamm

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

661-A Cypress Lake Blvd.

84 City **Pompano Bch.**

FL

85 Zip Code

33064

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

Avner Holzmamm President.

(Date Registered Agent Signature Required for Incorporating)

(Date)

4/24/96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HOLZMANN, AVNER**
STREET ADDRESS **661-A CYPRESS LAKE BLVD**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **V** ☐ DELETE
NAME **BEN-JOSEPH, AVRAHAM**
STREET ADDRESS **651-C CYPRESS LAKE BPVD**
CITY-ST-ZIP **POMPANO BEACH 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

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☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Avner Holzmamm

4/24/96

(954) 570-1170

CR2E034 (12/95)