

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:10

DOCUMENT # S77945

(1)

1. Corporation Name

MARKETING MASTERS REALTY, INC.

Principal Place of Business

6018 S.W. 18TH STREET
STE 5
BOCA RATON FL 33433
US

Mailing Address

6018 SW 18TH ST.
SUITE 5
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/05/1991

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0283084

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 10

Suite 10

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOICE, YVONNE S
6018 SW 18TH ST
STE 5
BOCA RATON FL 33433

81 Name

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

83 Suite 10

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0902 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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BOICE, YVONNE S
STREET ADDRESS	6018 SW 18TH ST., SUITE 5
CITY-ST-ZIP	BOCA RATON FL
TITLE	VTS
NAME	BOICE LAUREN A
STREET ADDRESS	6018 SW 18TH ST STE 5
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Boice, Yvonne S.	
1.3 STREET ADDRESS	6018 SW 18th Street, Suite 10	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	VTS	☒ Change ☐ Addition
2.2 NAME	Boice, Lauren A.	
2.3 STREET ADDRESS	6018 SW 18th Street, Suite 10	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lauren A. Boice

2/15/96

407-338-8443