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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| . Corporation | MENT # \$7794 | 45 (1) | | | |
|--|---|---|---|---|--|
| MARK | ETING MASTERS REALTY, | INC. | |) 1831/8/10 (II) 286/(1 186/6 (B))(8/25 | F BINJ BJAHA BABAN BABAN BABHI BABAN BABAN KABAN KABA |
| Principal Place of Business Mailing Address | | | | | |
| 6018 S.W. 18TH STREET SUITE 10 BOCA RATON FL 33433 US | | 6018 SW 18TH ST. SUITE 10 BOCA RATON FL 33433 US | | Date Incorporated or Qualified | |
| | | | | 09/05/1991 | 02/21/1995 |
| Principal P | flace of Business | 2a. Mailing Address | | 4. FEI Number 65-0283084 | Applied For Not Applicab |
| Suite, Apt. | #, etc. | Suite, Apl. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | ie | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζφ | Country 25 | <i>Ζ</i> _ι ρ | Country 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, |
| | 9. Name and Address of Curre | | | 10. Name and Address of New R | |
| | | | 81 Name | | |
| BOICE, YVONNE S 6018 SW 18TH ST | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptab | le) |
| SUITE 1 | | | 83 | | |
| BOCA RATON FL 33433 | | 84 City | | FL 85 Zip Code | |
| ICO HINGE VY | en, and arxequ the chargations (ii, see | CHOT 607.0505, Florida Statute | 9S. | oration submits this statement for the pur oard of directors. I hereby accept the appo | pose of changing its registered off pintment as registered agent. I am |
| SNATURE | Signature, based or publications of repolitical ages | nt and or of associable of ND DIRE CTORS | SS. IOTE Registrated Agent signature requir | | pose of changing its registered off pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 |
| SNATURE | Signature, based or professional action of repolicing age OFFICERS AN | of and the flague table 1 | OTE Registered Agent synature respit 13. 1.1 Title | irad when rainstal ngi | pose of changing its registered off pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 |
| INATURE | Signature, based of printed ration of registered ages OF LICERS AN DP BOICE, YVONNE S 6018 SW 18 ST SUITE 10 | nt and or of associable of ND DIRE CTORS | SS. IOTE Registrated Agent signature requir | irad when rainstal ngi | pose of changing its registered offi pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 |
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the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: *

v 2/20/96

Daytime Prione #