

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
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95 MAY 10 AM 10:25

DOCUMENT # **S87262**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARKET FORCE ENTERPRISES INC.

1. Name of Corporation MARKET FORCE ENTERPRISES INC.		2. Name of Agent 690 NE 133RD ST #17 MIAMI FL 33161		DO NOT WRITE IN THIS SPACE	
3. Date of Report (or Quarter) 10/14/1991		3a. Date of Last Report 05/01/1994		4. FIC Number 65-0289800	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Election Campaign Financial Report Filed (Contributions) ☐	
\$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under S. 199(1)(c) Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent JONES, ADOLPH C. 690 NE 133RD ST #17 MIAMI FL 33161			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code		
11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above named corporation solemnly this statement for the purpose of changing its registered office as registered agent in this State of Florida. This change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of this position under Florida Statutes.					
SIGNATURE _____					
12. OFFICE REGISTRATION FEE NAME: D JONES, ADOLPH C STREET ADDRESS: 690 NE 133RD ST #17 CITY: MIAMI FL					
13. ADDITIONAL CHANGES TO OFFICE REGISTRATION FEE 13.1. NAME ☐ Change ☐ Add 13.2. STREET ADDRESS ☐ Change ☐ Add 13.3. CITY ☐ Change ☐ Add 13.4. NAME ☐ Change ☐ Add 13.5. STREET ADDRESS ☐ Change ☐ Add 13.6. CITY ☐ Change ☐ Add 13.7. NAME ☐ Change ☐ Add 13.8. STREET ADDRESS ☐ Change ☐ Add 13.9. CITY ☐ Change ☐ Add 13.10. NAME ☐ Change ☐ Add 13.11. STREET ADDRESS ☐ Change ☐ Add 13.12. CITY ☐ Change ☐ Add					
14. I hereby certify that the information supplied with this report is true and correct, and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information indicated on this report is supplemental annual report. I have read and understand 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an attachment with an address.					
SIGNATURE: ADOLPH C JONES 05/05/15 (305) 694-0647 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					