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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S87262** **(9)**

1. Corporation Name

MARKET FORCE ENTERPRISES INC.

Principal Place of Business	Mailing Address
690 NE 133RD ST #17 MIAMI FL 33161	690 NE 133RD ST #17 MIAMI FL 33161

3. Date Incorporated or Qualified: **10/14/1991**

3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business
21: 8860 S.W. 10 TH ST.
22: Suite, Apt. #, etc.
23: PEMBROKE PINES, FL
24: Zip 33025
25: Country U.S.A

2a. Mailing Address
26: P.O. BOX 821912
27: Suite, Apt. #, etc.
28: PEMBROKE PINES, FL
29: Zip 33082-1912
30: Country U.S.A

4. FEI Number: **65-0289800** ☐ 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

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: ADOLPH C. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 8860 S.W. 10 ST.
83:
84 City: PEMBROKE PINES FL 85 Zip Code: 33025

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 _____ (Signature, typed or printed name of registered agent and, if applicable, the office) (Title, if Registered Agent is separate from name) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, ADOLPH C 690 NE 133RD ST #17 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S/D MARIE MATHURIN-JONES 8860 S.W. 10 TH ST PEMBROKE PINES FL. 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/D ADOLPH C. JONES 8860 S.W. 10 ST PEMBROKE PINES, FL. 33025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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 addition

SIGNATURE: ADOLPH C JONES 01/26/96 (954)450-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #