

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04989** (2)

1. Corporation Name

TELMARK FULFILLMENT, INC.



Principal Place of Business

Mailing Address

**6601 NW 14TH STREET
SUITE 2
PLANTATION FL 33313**

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SUITE 2
PLANTATION FL 33313**

3. Date Incorporated or Qualified

01/08/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

**KIRKOVICH, MICHAEL
6601 NW 14TH STREET
SUITE 2
PLANTATION FL 33313**

81. Name

Steve M. Ketover

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

3109 Sterling Road

83.

Suite 201

84. City

Ft. Lauderdale

FL

85. Zip Code

33312

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 607.0503, Florida Statutes.

SIGNATURE

Steve M. Ketover

Signature, typed or printed name of registered agent and new registered agent (if not the same as the registered agent's name)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD KIRKOVICH, MICHAEL**
STREET ADDRESS **6601 NW 14TH STREET #2**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SIGNATURE:

Michael Kirkovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kirkovich - President 4/3/95 305-321-0555

Daytime Phone #

CR2E034 (12/95)