

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 1995 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06269**

(7)

1. Corporation Name

MEDLY MARKETING, INC.

Principal Place of Business

1035 N.E. 125TH ST. STE 200
N MIAMI FL 33161

Mailing Address

1035 N.E. 125TH ST. STE 200
N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0315692

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. 190.033,
Florida Statutes. ☒ Yes ☐ No **DR. GEL. AC. FIL. P. NO LIABILITY**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOUCHARD, DEBORAH J.
1035 NE 125TH ST.
#200
N MIAMI FL 33161**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.1508, Florida Statutes, the above signed 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 607.01(4), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent of the Corporation)

(Signature of New Registered Agent or Registered Agent of the Corporation)

86

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	BOUCHARD, DEBORAH J.
3. STREET ADDRESS	1035 NE 125TH ST., #200
4. CITY, ST, ZIP	N MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an amendment with an address.

SIGNATURE:

Deborah J. Bouchard **DEBORAH J BOUCHARD, PRESIDENT**

4/24/95 (95) 893-3520

SENT MAIL 2440 031570