

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 # **V20032** (1)

1. Corporation Name

DUNNE-RITE MARKETING SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~2772 OAK DR.~~
~~WEST PALM BEACH FL 33408-5183~~
815 Valley Forge Rd
WEST PALM BEACH FL 33405-3935

~~2772 OAK DR.~~
~~WEST PALM BEACH FL 33408-5183~~
same

2. Principal Place of Business

2a. Mailing Address

21 **815 Valley Forge Rd**

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **West Palm Beach FL**

28 **same**

Zip

Country

Zip

Country

24 **33405**

25 **U.S.A.**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

07/17/1995

4. FEI Number

65-0323332

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

10. Name and Address of New Registered Agent

DUNNE, CARON ANGELA

~~2772 OAK DR.~~

~~WEST PALM BEACH FL 33408~~

815 Valley Forge Rd
WEST PALM BEACH FL
33405-3935

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 607.0502 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, etc. (If Applicable)

(If FEI Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P DUNNE, CARON A**
STREET ADDRESS **815 Valley Forge Rd**
CITY-ST-ZIP **WEST PALM BEACH FL 33408-W.P.B. FL 33405-3935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Section 119.07(3)(k), 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 address.

SIGNATURE:

Caron A. Dunne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/96 407/547-6631
Date Daytime Phone #

CR2E034 (12/95)