FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:53

DOCUMENT # V58138 (1)

1. Corporation Name

MARKETING RESPONSE GROUP & LASER COMPANY, INC.

Principal Place of Business	Mailing Address
% ALLWEISS & ALLWEISS, ATTY. AT LAW 4020 PARK STREET N., SUITE 202 ST. PETERSBURG FL 33709	% ALLWEISS & ALLWEISS, ATTY. AT LAW 4020 PARK STREET N., SUITE 202 ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1992
3a. Date of Last Report: 12/16/1994

2. Principal Place of Business	2a. Mailing Address
21 6202 Benjamin Road	26 6202 Benjamin Road
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33634 / 25 U.S.	Zip / Country 29 33634 / 30 U.S.

4. FEI Number: 59-3144144 ☐ 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

ALLWEISS, MICHAEL D ESQ.
ALLWEISS & ALLWEISS
4020 PARK STREET N., SUITE 202
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	PORCELLI, PETER J JR.	12 NAME	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	KILICHOWSKI, WILLIAM S	22 NAME	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PORCELLI, PETER J	32 NAME	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	S XX ☐ Change ☐ Addition
NAME	HARRIS, BONNIE A	42 NAME	HARRIS, BONNIE A.
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	43 STREET ADDRESS	6202 Benjamin Road, Suite 100
CITY-ST-ZIP	TAMPA FL 33634	44 CITY-ST-ZIP	Tampa, FL 33634
TITLE		51 TITLE	T ☐ Change XX Addition
NAME		52 NAME	MICHELE JAMES
STREET ADDRESS		53 STREET ADDRESS	6202 Benjamin Road, Suite 100
CITY-ST-ZIP		54 CITY-ST-ZIP	Tampa, FL 33634
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 address.

SIGNATURE: Michele James Michele James 3/30/95 (813) 288-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000804 FP