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 # **V58138** **(1)**

1. Corporation Name
MARKETING RESPONSE GROUP & LASER COMPANY, INC.

Principal Place of Business
6202 BENJAMIN RD
STE 100
TAMPA . 33634
US

Mailing Address
6202 BENJAMIN RD
STE 100
TAMPA FL 33634
US

3. Date Incorporated or Qualified: 08/13/1992
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	PORCELLI, PETER J JR.	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	P	☐ DELETE
NAME	KILICHOWSKI, WILLIAM S	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	☐ DELETE
NAME	PORCELLI, PETER J	
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	S	X DELETE
NAME	HARRIS BONNIE A	
STREET ADDRESS	6202 BENJAMIN RD STE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	MICHELE JAMES	
STREET ADDRESS	6202 BENJAMIN RD	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change X Addition
1.2 NAME	John R Anderson	
1.3 STREET ADDRESS	6202 Benjamin Rd, Suite 100	
1.4 CITY-ST-ZIP	Tampa FL 33634	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ST	X Change ☐ Addition
5.2 NAME	Michele Walford	
5.3 STREET ADDRESS	6202 Benjamin RD,Suite 100	
5.4 CITY-ST-ZIP	Tampa, FL 33634	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Michele Walford *Michele Walford* 03/05/96 (813)887-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #