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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
**6202 BENJAMIN RD
STE 100
TAMPA FL 33634
US**

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **03/12/1996**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

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 **Michael D. Allweiss, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable) **111 - 2nd Avenue N.E., Suite 620**
83
84 City **St. Petersburg,** 85 Zip Code **FL 33701**

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]* DATE: **4/8/97**
(NOTE: Registered Agent signature required when reinstalling)

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 VP ☐ DELETE
NAME **ANDERSON, JOHN R.**
STREET ADDRESS **6202 BENJAMIN RD, STE 100**
CITY-ST-ZIP **TAMPA FL**
TITLE ST ☐ DELETE
NAME **WALFORD, MICHELE**
STREET ADDRESS **6202 BENJAMIN RD, STE 100**
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 ☐ Change ☒ Addition
1.2 NAME **VP ROBERT HAGA**
1.3 STREET ADDRESS **6202 BENJAMIN RD**
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 **VP PETER J PORCELLI SR**
3.3 STREET ADDRESS **6202 BENJAMIN RD**
3.4 CITY-ST-ZIP **TAMPA, FL 33634**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)