

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 # **F94000001286 (3)**

1. Corporation Name

E. FRIEDMAN MARKETING SERVICES, INC.

Principal Place of Business

**566 E. BOSTON POST ROAD
MAMARONECK NY 10543**

Mailing Address

**566 E. BOSTON POST ROAD
MAMARONECK NY 10543**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

05/01/1995

4. FET Number

38-2086301

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

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 firm if applicable.

(NOTE: Registered Agent Signature is not required on this filing.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME

**PD
WILSON, WILLIAM J
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**T
LONDIN, GERALD
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**VD
ROPER, BURNS
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**V
TOSO, PETER
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**VD
KELLER, EDWARD
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**V
CAMINITI, JOSEPH
566 EAST BOSTON POST ROAD
MAMARONECK NY**

STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

**SECRETARY
ED KELLER
566 E. BOSTON POST RD.
MAMARONECK, NY 10543**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

9/14-648-0802

CR2E034 (12/95)