FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 167091

COMPETITOR LIAISON BUREAU, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90095 036 ***150.00



Principal Place	e of Business	Mailing Address				IS BIRSI BIRIT BI	IBII BIBII IOBI
1801 SPEEDWAY BOULEVARD P.O. BOX 2875		1801 SPEEDWAY BOULEVARD P.O. BOX 2875			DO NOT HIGHT IN THE	CDACE	
DAYTONA BEACH FL 32120-2875 DAYTONA BEACH FL 32120			B75				
					Date Incorporated or Qualifed 11/17/1951		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-0662418	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	City & State -		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Inta-	ngible	
24	25	29 30	0		Personal Property Tax.	□Yes	□No
T-1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent	
			8-	Name			
	NCE, WILLIAM C SPEEDWAY BLVD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DAY		83	3				
			84	1 City		85 Zip C	Code
				1	FL		
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	nonzed by	v the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hanging its tment as req	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered ag		-	ent signature required		DIDECTO	DC IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	PD	□ pereie	1.1 TITLE			onlango	
NAME]	FRANCE, WILLIAM C		1.2 NAME				
STREET ADDRESS	1600 S PENINSULA			ET ADDRESS			į
CITY-ST-ZIP	DAYTONA BEACH FL	DELETE	1.4 CITY-	ST-ZIP			Addition
TITLE	VPS	□ pere⊥e	2.1 TITLE				
NAME	TRAIDE, BAINEO O.		2.2 NAME				
STREET ADDRESS	- 1147 NO 10 EU 701		1	ET ADDRESS			į
C/TY-ST-ZIP	□ priete		2.4 CITY-	ST-ZIP		Change	[] Addition
TITLE	T DUMENY DODIO		3.1 TITLE		-		
NAME	RUMERY, DORIS		3.2 NAME	ì			ļ
STREET ADDRESS	WILLOW RUN			ET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL	☐ DELETE	3.4. CITY- 4.1 TITLE				Addition
TITLE		C OFFER	4.1 IIILE 4.2 NAME				
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-			Change	Addition
TITLE			5.1 TITLE 5.2 NAME				1
NAME				ET ADDRESS			•
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
TITLE		LI DELETE	6.2 NAME			_ : :=:::3	
NAME				ET ADDRESS			
STREET ADDRESS			6.4 CITY-				ł
CITY-ST-ZIP (■ 0.4 UHT-	01-4F			

14. I hereby certify that the information supplied with this filing does not qualify fer 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

(904) 253-0611