May 27, 1999 8:00 am Secretary of State

05-27-1999 90002 048 ***150.00

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 # F78744

1. Corporation Name

ADVANCED MARKETING STRATEGIES, INC.

		110000							
Principal Place of Business Mailing Address									
1300 FUNSTON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019									
HOLLINGOD FE 33019				DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 04/27/1982		
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number		Applied For
21	acc or Business	26				"	59-2226356		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	,					\$8.75	Additional
22	., -	27				5.	Certificate of Status Desired	Fee F	Required
City & State	e	City & State				6.	Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Addec	to Fees
Zip	Country	Zip	Country	y		8.	This corporation owes the current year	ır Intangible	
24	25	29 30	<u> </u>				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Register	red Agent	
CITD	ON MEDDIN		81	1 1	Vame				
CITRON, MERRILL			82	2 5	Street Addre	ss (P	P.O. Box Number is Not Acceptable)		
1300 FUNSTON STREET			\						
HULI	LYWOOD FL 33019		83	3					
			84	4 (City			85 Zip	Code
			ļ	-	•		•	FL - _ `	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	y the	amed corpo e corporation	ration	n submits this statement for the purposo oard of directors. I hereby accept the a	e of changing it ppointment as r	ts registered registered
SIGNATURE							reinstation) DAT		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag					gnature required		ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D OFFICERS AIN	OFFICERS AND DIRECTORS 13.						☐ Change	
	CITRON, DALIA		1.2 NAME						_
NAME	THE PROPERTY OF THE PARTY OF TH			1.3 STREET ADDRESS					J
STREET ADDRESS		IOLIANOOD EL COCCO		1.4 CITY-ST-ZIP					i
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE		ır			Change	Addition
NAME	CITRON, MERRILL	<u> </u>		22 NAME					_ i
STREET ADDRESS	1300 FUNSTON STREET		2.3 STRE		IDRESS				
ļ	HOLLYWOOD, FL 00000	_		CITY-ST-ZIP					
CITY-ST-ZIP TITLE	\$	☐ DELETE	3.1 TITLE		-11			☐ Change	e ∐ Addition
NAME	CITRON, DAVID		3.2 NAME						
STREET ADDRESS	1300 FUNSTON STREET			STREET ADDRESS					
CITY-ST-ZIP	IOLUMNOOD EI			CITY-ST-ZIP					
TITLE			4.1 TITLE					☐ Change	e
NAME			4 2 NAME						
STREET ADDRESS			4.3 STREE		DORESS				
, ,, ,					1				

14. I 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 charged or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CfTY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

5-25-99

254-921-028-Daytime Phone #

Change

☐ Change

Addition

☐ Addition

Daytime Phone #

CR2E034 (11/98)