

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90082 022 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96519

1. Corporation Name
MARKET TIMING ASSOCIATES, INC.



Principal Place of Business
12600 SEMINOLE BLVD..STE. A
SUITE C
LARGO FL 34648
US

Mailing Address
12600 SEMINOLE BLVD..STE. A
SUITE C
LARGO FL 34648
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 100 SECOND AVE SO.
Suite, Apt. #, etc. #102

2a. Mailing Address
26 6500 SUNSET WAY
Suite, Apt. #, etc. #202

23 City & State
ST. PETERSBURG, FL.
Zip 33701 Country US

27 City & State
ST. PETE BEACH, FL.
Zip 33706 Country US

3. Date Incorporated or Qualified
04/17/1984

4. FEI Number
59-2787339

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MAKOFKA, LESTER
207 WASHINGTON ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name HAL MARLOW
82 Street Address (P.O. Box Number is Not Acceptable) 6500 SUNSET WAY
83 #202
84 City ST. PETE BEACH FL 85 Zip Code 33706

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 607.0508, Florida Statutes.

SIGNATURE: *Hal Marlow* DATE: 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	MARLOW, HAL	
STREET ADDRESS	6500 SUNSET WAY, #202	
CITY-ST-ZIP	ST. PETERSBURG BCH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARLOW, STEVEN G	
STREET ADDRESS	11387 HERITAGE WAY	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	LEIBA MARLOW		
2.3 STREET ADDRESS	6500 SUNSET WAY		
2.4 CITY-ST-ZIP	ST. PETE BEACH, FL. 33706		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL MARLOW, PRES. *Hal Marlow* DATE: 1/25/99 DAYTIME PHONE #: 727-822-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)