

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90111 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000046779**

1. Corporation Name

**ABLE MARKETING, INC.**

Principal Place of Business

**GEORGE'S COMPUTERS  
 SEMINOLE FL 33772**

Mailing Address

**11232 PARK BLVD  
 SEMINOLE FL 33772**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **7801 Seminole Blvd**

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

**Seminole, FL**

**33772**

**Pinellas**

4. FEI Number

**59-3246170**

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

**BROOKS, GEORGE  
 8536 120TH ST. N.  
 SEMINOLE FL 33772**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **PS**  
 NAME **BROOKS, LYNN A**  
 STREET ADDRESS **8536 120TH ST N**  
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **VPT**  
 NAME **BROOKS, GEORGE**  
 STREET ADDRESS **8536 120TH ST N**  
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **T**  
 NAME **ANDERSON, JENNIFER**  
 STREET ADDRESS **11201 122ND AVE N**  
 CITY-ST-ZIP **LARGO FL 33778**

TITLE **S**  
 NAME **ANDERSON, NATHAN**  
 STREET ADDRESS **11201 122ND AVE N**  
 CITY-ST-ZIP **LARGO FL 33778**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS**  Change  Addition  
 1.2 NAME **George Brooks**  
 1.3 STREET ADDRESS **8536 120th ST N**  
 1.4 CITY-ST-ZIP **Seminole, FL 33772**

2.1 TITLE **VPT**  Change  Addition  
 2.2 NAME **Lynn A Brooks**  
 2.3 STREET ADDRESS **8536 120th ST N**  
 2.4 CITY-ST-ZIP **Seminole, FL 33772**

3.1 TITLE **T**  Change  Addition  
 3.2 NAME **Jennifer Anderson**  
 3.3 STREET ADDRESS **9693 50 Ave N**  
 3.4 CITY-ST-ZIP **ST PETERSBURG, FL 33708**

4.1 TITLE **S**  Change  Addition  
 4.2 NAME **Nathan Anderson**  
 4.3 STREET ADDRESS **9693 50th Ave N**  
 4.4 CITY-ST-ZIP **St Petersburg, FL 33708**

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 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: **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99** **727 399-1076**  
 Date Daytime Phone #

CR2E034 (11/98)