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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000049099

1. Corporation Name
A TO Z MARKETING INTERNATIONAL, INC.

Principal Place of Business
1869 S.W. 31ST AVE.
PEMBROKE PARK FL 33009

Mailing Address
1869 S.W. 31ST AVE.
PEMBROKE PARK FL 33009



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1994

4. FEI Number
65-0527223

Applied For
Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State
23

City & State
28

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
24 25

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLAN, ARIE
1869 S.W. 31ST AVE.
PEMBROKE PARK FL 33009

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. The first row is filled with PSTD GOLAN, ARIE at 1869 S.W. 31ST AVE, PEMBROKE PARK FL 33009.

Table with 12 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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: SIGNATURE REQUIRED
GOLAN 3/16/99 (305) 987-2333
Date Daytime Phone #

CR2E034 (11/98)