PROFIT CORPORATION ANNUAL REPORT 1999

MARKETING WORKS, INC.

1. Corporation Name



DOCUMENT # P94000088174

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90010 041 ***150.00

Principal Place	e of Business	Mailing Address				- 1 100 LION (18 18(:) 0191) 65(3) 001(08(:	. 1 46191 (818) (819)	(1981) \$10) 1091
2605 MAITLAND CENTER PKWY SUITE C MAITLAND FL 32751-7139 US		2605 MAITLAND CENTER PKWY SUITE C MAITLAND FL 32751-7139 US				DO NOT WRITE IN	I THIS SPACE	
					3. Date Incorporated or Qualifed 12/06/1994			
2. Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number	A	pplied For
21		26				59-3320191	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current ye	_=	
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent		04	Name	10. Name and Address of New Regist	lered Agent	
VADI	MITH DODERT N			81	Name			
YARMUTH, ROBERT N 2605 MAITLAND CENTER PKWY.			ľ	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE C						·		
	LAND FL 32751-7139	*1 *		83				
MIZH	EAND 1 E 02101-7100		-	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								
GIGHATORE	Signature, typed a printed name of registered agent			Agent s	signature required		ITE	200 111 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	Addition
TITLE	D	☐ DELETE	1.1 TITI				Criange	- Accident
NAME	YARMUTH, ROBERT N	V OUTE O	1,2 NA					
STREET ADDRESS	MANTI AND EL COTEA 7400				ADDRESS			}
CITY-ST-ZIP			_	Y-ST-	ZIP	····	☐ Change	Addition
TITLE			2.1 TITI					
NAME	YARMUTH, JEFFREY T	v curr c	2.2 NA		200500			(
STREET ADDRESS					ADORESS			
CITY-ST-ZIP TITLE			2. 4 CIT		· ZIP		☐ Change	Addition
	32 N			1			Į.	
NAME STREET ADDRESS				ADDRESS :				
			3.4. Cf		í			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 7177				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE		ADDRESS			
CITY-ST-ZIP			4.4 CITY-9		ZIP			
TILE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STI	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TITLE		☐ OELETE	6.1 TITI		ļ		☐ Change	☐ Addition
NAME			6.2 NA					}
STREET ADDRESS			6.3 ST	REETA	ADDRESS			

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:

407-660-8888