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

FILED
99 MAR 22 AM 9:25
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028354

1. Corporation Name
Practical Marketing Inc

Principal Place of Business — Mailing Address
22317 Boulder St
Boca Raton, Fl. 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 22317 Boulder St.
Suite, Apt. #, etc
22
City & State
23 Boca Raton, Fl.
Zip — Country
24 33428 25 USA

2a. Mailing Address
26 22317 Boulder St.
Suite, Apt. #, etc.
27
City & State
28 Boca Raton, Fl
Zip — Country
29 33428 30 USA

3. Date Incorporated or Qualified
March 26, 1998

4. FEI Number
650822887 [ ] 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 [X] No

9. Name and Address of Current Registered Agent
Joel Greenberg
2806 North University Drive
Sunrise, Fl 33322

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.

X SIGNATURE — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	President P	[ ] DELETE
NAME	Valerie DeSalvo	
STREET ADDRESS	22317 Boulder St.	
CITY-ST-ZIP	Boca Raton, Fl. 33428	
TITLE		[ ] DELETE
NAME	Melissa Reif	
STREET ADDRESS	2208	
CITY-ST-ZIP	Boca Raton FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Treasurer T	[ ] Change [X] Addition
1.2 NAME	Melissa Reif	
1.3 STREET ADDRESS	22085 Las Brisas Circle Apt 206	
1.4 CITY-ST-ZIP	Boca Raton Fl 33433	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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****150.00 ****150.00

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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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/11/99 Date — 561-488-1464 Daytime Phone #

CR2E034 (11/98)