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03-10-1999 90269 007 \*\*\*150.00

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # <b>S97350</b>					
i. Corporation	ARKETING, INC.					
NOOIL IV	with the state of					<b>a</b> ik <b>aid</b> ki i <b>a a</b> i   <b>a</b> ik <b>aid</b> ki i <b>a a</b> i
Principal Place	e of Business	Mailing Address			i Bibil Bibil Bibil Di	<b>(</b> [[ ]]]
111 SECOND A	VE., NE	111 SECOND AVE. NE				
SUITE 500 SUITE 500			DO NOT WRITE IN THIS SPACE			
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US US				3. Date Incorporated or Qualifed		
00		00		12/03/1991		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-3099468	-3099468 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired .	\$8.75 A	
22 27					Fee Rec	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23]	Country		Country	Trust Fund Contribution      This corporation owes the current year I		31000
Zip	25	·	30	Personal Property Tax.		□No
24	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent	
			81 Name		-	
HECHTKOPF, JARED S.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
973 31ST AVENUE NE				,		
\$1.1	PETERSBURG FL 33704-2326		83			
			84 City		85 Zip C	ode
		<del></del>		F		rogistorad
office or r	enistered agent or both in the State.	of Florida. Such change was aut	inonzed by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reç	jistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NOTE: F	Registered Agent signature require	ed when reinstating) DATE		Ì
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	HECHTKOPF, JARED S.		1.2 NAME			
STREET ADDRESS	973 31ST AVENUE NE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1,4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	HECHTKOPF, BONNIE M.		2.2 NAME			
STREET ADDRESS	973 31ST AVENUE NE		2.3 STREET ADDRESS			***
CITY-ST-ZIP	ST. PETERSBURG FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
TITLE		( DELETE	3.1 TITLE 3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS			İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ПС	☐ Additio=
TITLE		☐ DELETE	61 TITLE 6.2 NAME		☐ Change	☐ Addition
NAME			6.3 STREET ADDRESS			{
STREET ANDRESS	I		U.S GIRLLI MUUREGO			Į

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.

6.4 CITY-ST-ZIP

STREET ADDRESS