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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000025483 (4) DOCUMENT

ADDISON MARKETING GROUP, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 452 LAKE POINT SOUTH LANE 452 LAKE POINT SOUTH LANE **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 Not Applicable 21 65:0653671 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OATES, DANIEL E 1500 EAST ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 POMPANO BEACH FL 33060 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. P ☐ DELETE Change Addition TITLE 1.1 TITLE NAME DEE. TERESA M 1.2 NAME 452 LAKE POINT SOUTH LN STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 21 THE TITLE DEE, JOANNE T. 2.2 NAME STREET ADDRESS 3867 NW 35TH ST 2.3 STREET ADDRESS COCONUT CREEK FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 attachmen with BRESA M. DEG 4/10/00 (0ml) 112-1110