PROFIT CORPORATION ANNUAL REPORT

1999



A ORIDA DEPARTMENT OF STATE

Katherine Harris 🛫 Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000049082 V

5 584374-90024-30 4

FILED Jul 08, 1999 8:00 am

Secretary of State

07-08-1999 90023 023 ***150.00

AMERICAN ON HOLD MARKETING INC

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 401 SOUTH STATE RD 7 SUITE 240 HOLLOWND, FL. 33023 2a. Mailing Address 4. FEI Number 65 - 0786364 Applied For 901 SOUTH STATE RAT 901 SOUTH STATE Rd 7 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SKITE ZYO Fee Required 6. Election Campaign Financing \$5.00 May Be HOLLYWOOD Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intengible 30 Brevens 25 BROWARD 33023 Personal Property Tax. ☐ Yes □No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MICHAEL J. DOMINIC 82 Street Address (P.O. Box Number is Not Acceptable) 478 S.E. 114 TERLACE 83 DANIA BEACH, FL. 33004 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. 10.30-99 (NOTE: Registered Agent signature OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TIE. PRESIDENT t t TILE CR2E034 1.2 NAME A)AE LISA DOMUNIC 478 SE 11 TELKACE FREET ADDRESS 1.3 STREET ADDRESS DANIA BOH. FL 33004 TY-ST-ZIP 1.4 C/TY-ST-Z/P DELETE ☐ Change ☐ Add/tion ΠE 2.1 TITLE MICHAEL J. DOMINICATE SE 1/01 TERRACE WE 2.2 NAME 23 STREET ADDRESS REET ATIORESS DANIA BCH. 2.4 City-St-ZIP CY-ST-ZP Change DELETE Addition tE. 3.1 TITLE ΜE 3 2 NAME 3.3 STREET APORESS SEFT ADDRESS 3.4 CITY-ST-ZIP Y-ST-ZIP DELETE LΕ 4.1 TITLE Change ☐ Addition 4.2 NAME **CEET ADDRESS** 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Y-ST-ZY ☐ DELETE Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS EET ADDRESS 5.4 CITY-ST-ZIP DELETE S ! TITLE Change ☐ Addition 62 NAME 6.3 STREET ACCRESS EET ADDRESS

It 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZP

IGNATURE: SUMMER AND TYPES OF PRINTED HAME OF BIGHING OFFICER OF DIRECTOR

'-ST-Z)P

6-30-99

954-988-0115

Daytime Phone #