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

	MENT #51047			99 SEP 13 1	th H: UU	
1. Corporation	on Name	n DISTRIBUTION	FNC.		E CTATE:	
MARKE	ETING SYSTEMS AN		Marie and the second	TALLAHASSEE	(1) (1)	Page 13
	MENT #5104 /			ALL AUMOUNT	, I LUMIUA	المراجعة
	ce of Business					, in the Brand Stragt in the
•		Mailing Address				
16310	Shagbark Place					
TAMP	ATEL 33618			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
2 Principal [Place of Rusiness	2a. Mailing Address		0811311976	T T	oplied For
			OHB:	59-1715236		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u> </u>			Additional
2		27		5. Certificate of Status Desired	7	equired
City & Sta	te	City & State	····	6. Election Campaign Financing	\$5.00	May Be
28 LUTZ, F			Trust Fund Contribution Added to Fees		to Fees	
Zip 	Country	29 33548-0111	Country	8. This corporation owes the current year		fOk.
	9. Name and Address of Current		30 USA	Personal Property Tax. 10. Name and Address of New Register	☐ Yes	E\$No
			81 Name	10. Hante and Hadisso Of Hear Hogiste	ou Agent	·
WALLACE, ANDREW C. 16310 SHAGBARK PL.			20 01-11	(0.0.0		
			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
AΥ	MPA, FL 33618		83		··-	
• • • •			84 City	·		Code
			84 City	i	-L 85 Zip	COUB
		ions of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment às re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent algosture requir	nd when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent algneture required 13.		AND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent eignature require 13.	ed when rehalishing) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE IAME	Signature, typed or printed name of registered agent OFFICERS ANI S EDILLABBOS ElQuine	I and title if epplicable (NOTE: D DIRECTORS	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
SIGNATURE 12. ITLE IAME TREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDALE	I and the if applicable. (NOTÉ: D DIRECTORS DI DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO	DRS IN 12 DAddition
SIGNATURE 12. ITLE IAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI S EDILLABBOS ElQuine	I and the if applicable. (NOTÉ: D DIRECTORS DI DELETE	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	SAND DIRECTO	DRS IN 12 DAddition
SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDALE TAMPA, FL 3361	Tand the if applicable. (NOTÉ: D DIRECTORS D DELETE LANC.	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO	DRS IN 12 DAddition
SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL	LANCE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO	DRS IN 12 DAddition
SIGNATURE 12. ITLE ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elocine 13919 BRIARDAIC TAMPA, FL 3361 PD WALLACE, ANDREL	I and the if applicable (NOTE: D DIRECTORS D DELETE LANCE S DELETE DELETE LA C.	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO Change SELS -01007	DRS IN 12 ☐ Addition ☐ () () () () () () () () () () () () ()
SIGNATURE 12. 11. 11. 11. 11. 11. 11. 11	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL	LANCE	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO	DRS IN 12 DAddition
BIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and the if applicable (NOTE: D DIRECTORS D DELETE LANCE S DELETE DELETE LA C.	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO Change SELS -01007	DRS IN 12 ☐ Addition ☐ (1) Addition
EIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and the if applicable (NOTE: D DIRECTORS D DELETE LANCE S DELETE DELETE LA C.	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO Change SELS -01007	DRS IN 12 ☐ Addition ☐ (1) Addition
SIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LA C. L. D DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	ORS IN 12 Addition O(13) 1 Addition
SIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and the if applicable (NOTE: D DIRECTORS D DELETE LANCE S DELETE DELETE LA C.	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	SAND DIRECTO Change SELS -01007	DRS IN 12 ☐ Addition ☐ (1) Grant Grant
EIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIC TAMPA, FL 3361 PD WALLACE, ANDREL 16310 SHAGBARK F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LA C. L. D DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	ORS IN 12 Addition O(13) 1 Addition
EIGNATURE 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIC TAMPA, FL 3361 PD WALLACE, ANDREL 16310 SHAGBARK F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LA C. L. D DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	ORS IN 12 Addition
SIGNATURE 12. ITHE IAME ITHEST ADDRESS ITHY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIC TAMPA, FL 3361 PD WALLACE, ANDREL 16310 SHAGBARK F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LA C. L. D DELETE	Registered Agent signeture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	ORS IN 12 Addition
SIGNATURE 12. ITTLE IAME STREET ADDRESS DITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIC TAMPA, FL 3361 PD WALLACE, ANDREL 16310 SHAGBARK F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LANC. D DELETE	Registered Agent signeture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	DRS IN 12 Addition Addition
SIGNATURE 12. ITHE IAME ITREET ADDRESS ITY-ST-ZIP ITHE IAME ITREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LANC. D DELETE	Registered Agent signeture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	DRS IN 12 Addition Addition Addition
SIGNATURE 112. ITLE IAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	D DIRECTORS D DELETE LANCE D DELETE D DELETE D DELETE D DELETE D DELETE	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 112. 11TILE VAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI S EDWARDS, Elaine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	I and title if applicable. (NOTE: D DIRECTORS D DELETE LANC. D DELETE LANC. D DELETE LANC. D DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFICERS CODICE 298 -(19/17/99-	AND DIRECTO Change 1 1 5 -01007 Change	DRS IN 12 Addition Addition Addition
agent. I e SIGNATURE 12. ITITLE UAME STREET ADDRESS CITY-ST-ZIP ITITLE UAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI SEDWARDS, Elocine 13919 BRIARDAIE TAMPA, FL 3361 PD WALLACE, ANDREL 16310 Shagbark F TAMPA, FL 33618	D DIRECTORS D DELETE LANCE D DELETE D DELETE D DELETE D DELETE D DELETE	Registered Agent eigneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS COCOS CONTROL C	Change Change Change	DRS IN 12 Addition Addition Addition

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, of on an attachment with an address, with all other like empowered.

SIGNATURE: Current

CR2E034 (11/98)