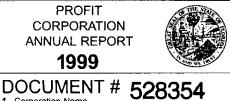
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90001 040 ***158.75

1. Corporation Name	
BENEFICIAL MARKETING, INC.	

Principal Place of Business Mailing Address 5801 W.HALLANDALE BCH.BLVD. 5801 W.HALLANDALE BCH.BLVD. PIO BOX 5620 P.O.BOX 5620 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Date Incorporated or Qualifed 02/18/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1766733 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMAS, GEORGE B 82 Street Address (P.O. Box Number is Not Acceptable) 5801 W.HALLANDALE BCH.BLVD. HOLLYWOOD FL 33023 83 84 Zip Code City 85 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) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE THOMAS, GEORGE B. NAME 12 NAME 5801 W HALLANDALE BEACH BLVD STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE TITLE 2.1 TITLE Change THOMAS, LYLA J. NAME 2.2 NAME 2694 KOLOB DR. STREET ADDRESS 2.3 STREET ADDRESS ST. GEORGE UT CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 poor 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