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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 592881

CITY-ST-ZIP

INTVENT	Ture Marketing, Inc.									
Principal Place	of Business	Mai	iling Address				T SEBIOS BUSING COLUMN SINCE CONTROL COLUMN	)) 1583 WINST WINTE		II) BIBII (891
2525 DRANE FIE		2525	DRANE FIELD RD ST	E 1						
SUITE #1 SUITE #1							DO NOT WRIT	E IN THIS SD	ACE	
LAKELAND FL 3	33811	LAK	ELAND FL 33811				Do NOT WRIT      Date Incorporated or Qualifed	E IN THIS SE	ACC .	
							11/09/1978			
2 Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Appl	lied For
21	ace of business	26	Maining / tourous				59-1861887	,	<b>+</b>	Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Ac	
22		27					J. Certificate of Status Desired		Fee Req	uired
City & State	e		City & State				6. Election Campaign Financing		\$5.00 N	, ,
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	<u> </u>	Zip	Coun	try		8. This corporation owes the curre			⊒No I
24	25	29	avad Azant	30			Personal Property Tax.  10. Name and Address of New Ro			
	9. Name and Address of Curre	nt Regist	ereu Agent	1	31 N	Name	To really date of the second	9.0		
	CHIELLO, WILLIAM			ļ.		01 . at A data	ess (P.O. Box Number is Not Acceptal	nia)		
	SEA ISLAND CIRCLE S			1	32 5	Street Addit	ess (P.O. Box Number is Not Acceptat			
LAKE	ELAND FL 33810			Ī	33					
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		00 1 00	7 4500 51 -: 4 - 61-14				protion cubmits this statement for the r		paina its r	enistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida	a. Such change was a	uthorized	by the	e corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appointm	ent as regi	istered
agom: ra		ations of,	3600011007.0303, 110	nua Statut	es.					
SIGNATURE	_					neature required	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE			ignature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
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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

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90062 040 \*\*\*150.00