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

PROFIT · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 683178

1. Corporation Name

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90259 041 \*\*\*150.00

| MIULAND MARKETING, INC.   |  |                     |                          |                     |  |                      |                 |
|---|--|---------------------|--------------------------|---------------------|--|----------------------|-----------------|
|   |  |                     |                          |                     |  |                      |                 |
| Principal Place of Business Mailing Address   |  |                     |                          |                     | f (884)8 milet (8189 jura) tibit jager fert eien:  | 4(81) 61611 61811 61 | 1811 81811 1881 |
| 2727 NORTH OCEAN BLVD., A112 2727 NORTH OCEAN BLVD.   |  |                     |                          |                     |  |                      |                 |
| BOCA RATON FL 33431 BOCA RATON FL 33431   |  |                     |                          |                     |  |                      |                 |
|   |  |                     |                          |                     | DO NOT WRITE IN THE  | S SPACE              |                 |
| ·   | 7  |                     |                          |                     | 3. Date Incorporated or Qualifed   |                      |                 |
|   |  |                     |                          |                     | 08/27/1980   |                      | <del></del> _   |
| ·   | cipal Place of Business 2a. Mailing Address        |                     |                          |                     | 4. FEI Number  | <u> </u>             | olied For       |
| 21  |  |                     |                          |                     | 59-2018183   | \$8.75 A             | Applicable      |
| Suite, Apt. #, etc.   |  |                     |                          |                     | 5. Certifcate of Status Desired  | Fee Rec              |                 |
| 22 27   |  |                     |                          |                     |  |                      | <del></del>     |
| City & State City & State   |  |                     |                          |                     | 6. Election Campaign Financing   | \$5.00 (<br>Added to |                 |
| 28     Zip   Country   Zip  |  |                     | Country                  |                     | Trust Fund Contribution  |                      | 71 003          |
|   |  |                     | -ı ´                     |                     | This corporation owes the current year in Personal Property Tax.   |                      | □No             |
| 24  | 9. Name and Address of Curre                       | _ <del></del>       |                          | <del></del>         | 10, Name and Address of New Registered   |                      |                 |
| <del></del>   | 9. Name and Address of Cure                        | It redistried Agent | 81                       | Name                | iv. Hairo and Advisor to the State of the St |                      |                 |
| BAICH, JOSEPH M   |  |                     | <u> </u>                 |                     |  |                      |                 |
| 2727 N OCEAN BLVD   |  |                     | 82                       | Street Add          | tress (P.O. Box Number is Not Acceptable)  |                      |                 |
| BOCA RATON FL   |  |                     | 83                       |                     |  | _ <b>_</b>           |                 |
| BOOK INTO I E   |  |                     | (00                      | <u> </u>            | <u> </u>   |                      |                 |
|   |  |                     | 84                       | City                | FI   | 85 Zip C             | ode             |
|   |  |                     |                          |                     | nevotion automite this statement for the purpose of  | of changing its i    | registered      |
| 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   |  | DIOTE D             |                          | t alayat movda      | red when reinstating) OATE   |                      | \               |
| 40  | Signature, typed or printed name of registered agr | ND DIRECTORS        | 13.                      | it signature requir | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTO           | RS IN 12        |
| 12.   | PD   | [] DELETE           | 1.1 T/TLE                |                     | 7,551,101,01,01,01,000,100   | ☐ Change             | ☐ Addition      |
| NAME  | BAICH, JOSEPH M                                    |                     | 1.2 NAME                 |                     |  |                      |                 |
| STREET ADDRESS  | 2727 N OCEAN BLVD                                  |                     |                          | ADDRESS             |  |                      |                 |
| l I   | BOCA RATON FL                                      |                     | 1.4 CITY-S               |                     | •  |                      | ł               |
| CITY-ST-ZIP<br>TITLE  | ·  |                     | 2.1 TITLE                | 1-21                |  | Change               | Addition        |
| 1   |  |                     | 2.2 NAME                 | ì                   | •  |                      | _ {             |
| NAME  | AL ATAT M. COCAM DIME                              |                     | _                        | TADORESS            |  |                      | Í               |
| STREET ADDRESS  | 7001 017011 51 0000                                |                     | 2.4 CITY-S               |                     |  |                      | }               |
| CITY-ST-ZIP   |  |                     | 3.1 TITLE                | 51-ZIF              | <del></del>  | Change               | Addition        |
| TITLE   |  | _ Dece 12           | 3.2 NAME                 |                     |  |                      | _               |
| NAME  |  |                     |                          | T ADDRESS           |  |                      |                 |
| STREET ADDRESS  |  |                     |                          |                     |  |                      | }               |
| City-St-Zip   |  |                     | 3.4. CITY-S<br>4.1 TITLE | 51-ZIP              |  | Change               | Addition        |
| TITLE   |  | , Detere            |                          |                     | •  |                      |                 |
| NAME  |  |                     | 4.2 NAME                 |                     |  |                      | ł               |
| STREET ADDRESS  |  |                     |                          | TADORESS            |  |                      |                 |
| CITY-ST-ZIP   | <u> </u>   | DELETE              | 4.4 CITY-S               | 7-ZIP               |  | ☐ Change             | Addition        |
| TITLE   |  | □ pere ie           | 5.1 TITLE                |                     |  | □ onange             |                 |
| NAME .  |  |                     | 5.2 NAME                 | T ADDRESS           |  |                      |                 |
| STREET ADDRESS  | •  |                     |                          | T ADDRESS           |  |                      | }               |
| CITY- ST-ZIP  |  | CÎ DELETE           | 5.4 CITY-S<br>6.1 TITLE  | 1-ZIP               |  | Change               | Addition        |
| TITLE   | , ,  | ☐ DELETE            | 1                        | {                   | ,  |                      | ·               |
| INTERIOR .  |  |                     | 6.2 NAME                 | - ADDDESS           |  |                      |                 |
| STREET ADDRESS  | ,  |                     | 6.3 STREE                | TADDRESS            |  |                      |                 |

C/TY-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 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

SIGNATURE: