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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

F26472

(3)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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NATIONWIDE MARKETING AND MANAGEMENT CORPORATION

Principal Place of Business Mailing Address

2701 E. SUNRISE BLVD. P.O. BOX 450987
SUITE 404 SUNRISE FL 33345-0987
FT. LAUDERDALE FL 33304

FILED Feb 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

(954) 561-9930

Not Applicable

 Date Incorporated or Qualified 03/23/1981

59-2092721

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23			28				Trust Fund Contribution Added to Fees
Zip	ļ	Country	Zip	_	_ Country	′	8. This corporation owes or has paid the current year Intangible
24		25	29	30	0]		Personal Property Tax due June 30. 🗹 Yes 🔲 No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
GORDON, HARRY					81	Name	θ
		H MANOR UNIT 3			82	Street	et Address (P.O. Box Number is Not Acceptable)
SUNRISE FL 33322							
ĺ					83		
					84	City	85 Zip Code
11, Pursuant	to the provision	ons of Sections 607.050	2 and 607,1508,	Florida Statutes,	the abov	e-named	nd corporation submits this statement for the purpose of changing its registered or
agent. I a	m familiar with	n, and accept the obliga	ations of, Section	607.0505, Floric	da Statute	3.	profession a board of directors. Thereby accept the appointment as registered
SIGNATURE	Classe up typed o	r printed name of registered age	at and bile 4 applicable	MOTE D	laniciarad & d	nt sisses w	ure required when reinsteting) DATE
12.	Signature, types or	OFFICERS AND		, (NOTE: N	13.	ant erfluernie	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	0.11021107111	·	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GORDON	i, Harry		_	1.2 NAME		
STREET ADDRESS	AGGG ANA GOTH MANOR HAIT O					ADDRESS	
CITY-ST-ZIP	SUNRISE	FL 33322			1.4 CITY-5		
TITLE				DELETE	2.1 TITLE		Change Addition
NAME					2.2 NAME		
STREET ADDRESS					2.3 STREET	ADDRESS	
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP	. , , , , , , , , , , , , , , , , , , ,
TITLE				DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREE1	ADDRESS	
CITY-ST-ZIP					3.4 CITY-	ST - ZiP	
TITLE			L	DELETE	4.1 TITLE		Change Addition
NAME					4. 2 NAME		
STREET ADDRESS					4.3 STREET	ADDRESS	
CITY-ST-ZIP				Drieve	4.4 CITY-S	T-ZIP	
TITLE			ı	DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME		
STREET ADDRESS					5.3 STREET		5
CITY-ST-ZIP				l per exe	5.4 CITY - S	T-ZIP	
TITLE			ı	DELETE	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET		
CITY-ST-ZIP	sortify that the	information ounging and	th this filing ===	o not qualify for t	6.4 CITY-S		thed in Continue 140 07/2VI) Elected Statutes I further earlies the information
indicated officer or	on this a nnual director of the	report or supplementa	l annual report is iver or trustee er	s true and accura	ate and th	at my sic	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in