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

DOCUMENT # **F9300000918**

NEPTUNE MARKETING, INC.

Principal Place of Business Mailing Address

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90005 001 ***150.00



| 510 KING ST. P. O. BOX 194 ALEXANDRIA V. | | 510 KING ST. P. O. BOX 1946 ALEXANDRIA VA 22313 | D. BOX 1946 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/00/100/2 | | | |
|--|--|---|-------------------------|--|--|----------------|------------------------------|------------|
| 2. Principal Place of Business 2a. Mailing Address | | | | | 03/09/1993 | | | - |
| h ' h * | | | | | 4. FEI Number | | pplied For | - [g |
| 21 | | | | | 13-2746268 | | ot Applicable | 4 |
| — | | | - | | 5. Certificate of Status Desired Fee Required | | | |
| 22 27 City & State City & State | | | | | C. Florida Committee Committee | | | - |
| 23 | . 28 | | | 6. Election Campaign Financing Trust Fund Contribution | Trust Fund Contribution Added to Fees | | | |
| Zip | | | Countr .⊐ | y | 8. This corporation owes the current year Int | | п., | |
| 24 | 4 25 29 39 9. Name and Address of Current Registered Agent | | | | Personal Property Tax. | Yes | □No | - |
| | | Registered Agent | 8- | Name | 10. Name and Address of New Registered | Agent | | + |
| СТ | CORPORATION SYSTEM | કેલ્પિક ભાઈ કે ઉત્તર | Trains | | | | | |
| 3.15(700) 1.168 | SOUTH PINE ISLAND RD. | | 82 Street Addr | | ddress (P.O. Box Number is Not Acceptable) | | | 1 |
| PLANTATION FL 33324 | | | | | The Control of the Co | sic 42 (e trib | o central materials | - |
| | | • | 83 | ' | | | | |
| | , in | | 84 | City | | 85 Zip | Code | 1 |
| 714 - N. C. 224 | \$1 A- 4b | | 456 - | | FL. | -1 | | - |
| l'''' office or r | go the provisions of Sections 607.0502 egistered agent, or both, in the State of im-familiar with, and accept the obligation | l Florida. Such change was auft | iorized by | the comor | orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin | changing its | s registered agistered | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | | nt signature req | guired when reinstating)* 👾📢 DATE | | | ┧; |
| 12. | OFFICERS AND | | 13. | · | ADDITIONS/CHANGES TO OFFICERS AN | | | - : |
| TITLE | DCP ANTHONY | ☐ DELETE | 1.1 TITLE | | 经总量 (1) | ☐ Change | Addition | |
| NAME | PIRRONE, ANTHONY J | | 1.2 NAME | | | | | |
| STREET ADORESS | 313 CENTER ISLAND | £ | | TADORESS | | | | l i |
| CITY-ST-ZIP | GOLDEN BEACH FL DVP | DELETE | 1.4 CITY-S | T-ZIP | | □ Ch | T Addition | ┨ ! |
| TITLE ' | 1.22.2.2.2.3 | Detele | 2.1 TITLE | | | ☐ Change | Addition | ` |
| NAME | PIRRONE, SHEILA | | 2.2 NAME | | | | | |
| STREET ADDRESS | 313 CENTER ISLAND | · | | TADDRESS | | | | |
| CITY-ST-ZIP | -GOLDEN BEACH FL | □ DELETE | 2.4 CITY- | ST-ZIP | | | | ľ |
| TILE O | ST | DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME TO THE | PIRRONE, SHEILA | | 3.2 NAME | , | | | | |
| STREET ADDRESS | 313 CENTER ISLAND | | | TADORESS | | i. Nga | 194 神風 | |
| CITY-ST-ZIP | GOLDEN BCH FL | □ DELETE | 3.4. CITY- | ST-ZIP | <u> </u> | TO Character | i, 4, 1, 1484) The adiana | 1 |
| TITLE | | □ DELETE | 4.1 TITLE | | The first of the second section of the section of the second section of the secti | . Lig Change: | Addition | } |
| STANDE STANDER OFFE | | 5.ti | 4. 2 NAME | | · | | | |
| STREET ADDRESS | 2.00 | * #f | į | TADDRESS | | | | |
| CITY-ST-ZIP | · 1983 | , red comments of the comment | 4.4 CITY-S | T-ZIP | | | | - |
| TITLE | • | ☐ DELETE | 5.1 TITLE 5.2 NAME | | $x \mapsto y$ | ☐ Change | ☐ Addition | |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | TADORESS | ** | | * | 8 |
| CITY-ST-ZIP | FRANCE SERVICE A | □ DELETE | 5.4 CITY-5 6.1 TITLE | 1-ZIP | · · · · · · · · · · · · · · · · · · · | E7 01 | The state of | - |
| TITLE | 313 CH1160 ALA | ☐ DELETE | | | | Change | Addition | ĺ <i>'</i> |
| NAME | COLLEGE | | 6.2 NAME | | | | | ł |
| STREET ADDRESS | 5/4 | | | TADDRESS | | | | |
| CITY-ST-ZIP | Carve | | 6.4 CITY-S | T-ZIP | | | | 1 |

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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.