

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90036 031 ***158.75

055274

DOCUMENT # F96000003174

1. Corporation Name

RVS MARKETING, INC.

Principal Place of Business

4310 PARADISE RD.
LAS VEGAS NV 89109-0

Mailing Address

4310 PARADISE RD.
LAS VEGAS NV 89109-0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

88-0362127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAYERSON, DON A	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONTE, FREDERICK H	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HIRSCH, HERBERT B	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	GULLA, ANTHONY M	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLETON, DONALD R	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOSEPH, JON A.	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV 89109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McMURTRIE, GREGG A	
1.3 STREET ADDRESS	4310 PARADISE ROAD	
1.4 CITY-ST-ZIP	LAS VEGAS NV 89109	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BALTUSKONIS, CHARLES G	
2.3 STREET ADDRESS	4310 PARADISE ROAD	
2.4 CITY-ST-ZIP	LAS VEGAS NV 89109	
3.1 TITLE	VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HIRSCH, HERBERT B	
3.3 STREET ADDRESS	4310 PARADISE ROAD	
3.4 CITY-ST-ZIP	LAS VEGAS NV 89109	
4.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CROOK, DAVID HARDY	
4.3 STREET ADDRESS	4310 PARADISE ROAD	
4.4 CITY-ST-ZIP	LAS VEGAS NV 89109	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEMMA, KRISTEN L	
5.3 STREET ADDRESS	4310 PARADISE ROAD	
5.4 CITY-ST-ZIP	LAS VEGAS NV 89109	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE:

Gregg A. Murtrie
Gregg A. Murtrie, President and Director

3/8/99

Date

(702) 737-3700

Daytime Phone #

CR2E034 (11/98)