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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90253 044 ***150.00

DOCUMENT # F96356 1. Corporat on Name

Principal Place of Business

RODAN MARKETING CORPORATION

17101 NE 19TH AVE STE 204 N MIAMI BEACH FL 33162		17101 NE 19TH AVE STE 204 N MIAMI BEACH FL 33162				
N MIAMI BEACI	H FL 33162	N MIAMI BEACH PL 33102		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				08/17/1982		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Appl ed For	
21		26		59-2227845	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		J. Certificate of States Desired	Fee Required	
City & State	•	City & State		6. Electior Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year into		
24	25	29	30	Personal Property Tax.	Yes []No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name (77.04 - 1.07.07.17.17.17.17.17.17.17.17.17.17.17.17.17						
LILES, BERNARD			oi Name	Robert DAVIDO	VIC	
11142 GREEN LAKE DRIVE						
BOYNTON BEACH FL 33437				TO THE STITE .		
J DO I	NION BEACHTE 65457		83 17	101 NE 19 Ave. A C	.04	
			84 City	North Mizmi BoachFl	85 Zip Ccde	
<u> </u>			- *		33162	
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE		L DAVIDONC	Registered Agent signature re	4/26/99' DATE		
12.	Signature, typed or printed nan e of registered agent		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR 3 IN 12	
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	DAVIDOVIC, ROBERT		1.2 NAME			
STREET ADDRESS	17101 NE 19TH AVE., STE 204		1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH. FL		1.4 CITY-ST-ZIP			
TITLE	DPT DPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	DAVIDOVIC, STELLA		22 NAME			
STREET ADDRESS	17101 NE 19TH AVE., STE 204		2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH. FL		2. 4 CITY-ST-ZIP			
TITLE	14 Milyani Bork 12	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE			3.4 CITY-ST-ZIP			
		☐ DELETE	3.4 CITY-ST-ZIP		Change Addition	
NAME		☐ DELETE	_		Change Addition	
NAME	<u> </u>	C DELETE	41 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition	
NAME		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition	

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 a inual 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR