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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000805 (8)

PINKSTONE & MARQUEZ INCORPORATED

	e of Business NFIELD ROAD, SUITE 202 NJ 08002-2748	Mailing Address 1012 HADDONFIEL CHERRY HILL NJ		200	2				
						DO NOT WRITE IN TH	S SPACE		
						 Date Incorporated or Qualified 02/13/1997 			
2. Principal P	lace of Business	2a. Mailing Addres	S			4. FEI Number		Applied For	
21		26				23-235 1969		Not Applicable	
Suite, Apt.	#, etc.	Suito, Apt. #, etc.			Certificate of Status Desired S. Certificate of Status Desired Fee Required				
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Zıp	Cor	untry	7	8. This corporation owes or has paid the	current ye	ar Intangible	
24	25	29	30			Personal Property Tax due June 30.	Yes Yes	☑ No	
	9. Name and Address of Cur	rent Registered Agent		\Box	,	10. Name and Address of New Registers	d Agent		
	PINKSTONE, MARK S					Name			
10161 W. SUNRISE BLVD, UNIT 102 PLANTATION FL 33322-5604				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
				L					
				83	[
				84	City		. 85	Zip Code	
				<u> </u>		poration submits this statement for the purpose			
SIGNATURE	egistered agent, or both, in the SI m familiar with, and accept the ot Signature, typed or printed name of registered	-				tion's board of directors. I hereby accept the a		nt as registered	
12.	OFFICERS	AND DIRECTORS	13.	- -		ADDITIONS/CHANGES TO OFFICERS A	NO DIREC	CTORS IN 12	
THTLE	PC	DELE	TE 1.1 T	17LE			Cha	ange Addition	
NAME	PINKSTONE, MARK S		1.2 N	IAME					
STREET ADDRESS	10161 W. SUNRISE BLVD.		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33322-56	04	1.4 0	ITY - S	1 - ZIP				
TIFLE	WC	☐ DELE	TE 2.11	ITLE			Cha	inge 🔲 Addition	
NAME	MARQUEZ, GILBERT J	ALMEN AND	22 N	IAME					
STREET ADDRESS	1012 HADDONFIELD ROAL		238	TREET	ADDRESS				
CITY-ST-ZIP	CHERRY HILL NJ 08002-27			CITY - S	ST - ZIP				
TITLE		☐ DELE	TE 3.1 TI	ITLE			Cha	inge Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	·			CITY-	ST-ZIP				
TITLE		☐ DELE	TE 4.1 T	ITLE			Cha	inge 🔲 Addition	
NAME	i		4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP		·····		ITY-S	17 - ZIP				
TITLE		DELE	TE 51 T	ITLE	l ⁻		Cha	inge 🔲 Addition	

14. Thereby certify that the information supplied with this filling 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 chapped, or on an attachment with an address

5.2 NAME

61 TITLE

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY - ST - ZIP

Upox 5. Prestove

1 DEUT 4-10.

4-10-98 954-452-0936

Change

Addition

FILED

Apr 20 1998 8:00am

Secretary of State