PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90037 007 ***150.00

 Corporation 	MENT # G43912 RANT MARKETING CORP.									
Principal Place	of Business	Mailing Address	_				i ideilii nasi ninen iliin iai	AL 11610 1191 ALAIL I	ASAST MIRIT MINIE N	fina andri and
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10800 BISCAYN PENTHOUSE	IE BLVD.	10800 BISCAYNE BLVD PENTHOUSE				1				
MIAMI FL 33161	!	MIAMI FL 33161				1	DO NOT V	VRITE IN THIS	SPACE	
US		US					3. Date incorporated or Quali	fed		1
							06/16/1983			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For
21		26				}	59-2306008			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	ı 🗆	\$8.75 ₽	
22		27							Fee Re	quired
City & State	9	City & State					6. Election Campaign Financi	ng 🗆 🗀	\$5.00	
23		28				1	Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		untry			8. This corporation owes the	current year in		-
24	25	29	30	,			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent		-	r-::-		10. Name and Address of Ne	w Registered	Agent	
DVA	M MANOV			81	Name					
	N, NANCY			82	Street A	Address	s (P.O. Box Number is Not Acc	eptable)		
10800 BISCAYNE BLVD										
PENTHOUSE				83						
MIAMI FL 33161					City				85 Zip (Code
				84				FL	-	
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 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 regagent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE								registered gistered		
OIOIWITOILE	Signature, typed or printed name of registered agent	,			nt signature re	equired wh	hen reinstating)	DATE		=0.11.40
12.	OFFICERS ANI		13				ADDITIONS/CHANGES TO	OFFICERS A		Addition
TITLE	PD DELETE			1.1 TITLE					☐ Change	[_] Addition
NAME	Thurston, mee			NAME						ļ
STREET ADDRESS	10800 BISCAYNE BLVD. PENTHOUSE			STREET	ADDRESS					1
CITY-ST-ZIP	MIAMI FL		: 1.4 0	CITY-S	T-ZIP			<u> </u>		
TITLE	S ☐ DELETE 2.1			TITLE					☐ Change	☐ Addition
NAME	RYAN, NANCY 22 N									
STREET ADDRESS	10800 BISCAYNE BLVD. PENTHOUSE 23S				ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4	CITY-S	T-ZIP		<u> </u>		<u> </u>	
TITLE	DELETE 31			MLE					☐ Change	Addition
NAME			3.2	NAME						
STREET ADDRESS			3.3	STREET	T ADDRESS					Ì
CITY-ST-ZIP			3.4.	CITY-S	iT-ZIP					
TITLE		☐ DELETE	4.1	ITTLE					Change	Addition
NAME			4, 2	NAME			,			
STREET ADDRESS			4.3	STREET	T ADDRESS					}
CITY-ST-ZIP	4.		4,4	CITY-S	T-ZIP			•• •		
TITLE	☐ DELETE 5.		5.1	5.1 TITLE					Change	☐ Addition
NAME			5.21	NAME						}
STREET ADDRESS			5.3	STREET	T ADDRESS					ĺ
CITY-ST-ZIP			5.4	CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1	TITLE	1				☐ Change	Addition
NAME			6.21	AME						
STREET ADDRESS			6.3	STREE	ADDRESS					ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(305)899-0404