

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 # G85877

1. Corporation Name

P.B.E. MARKETING ASSOCIATES, INC.

Principal Place of Business

POST OFFICE BOX 467  
HOLLYWOOD FL 33022-7467

Mailing Address

POST OFFICE BOX 467  
HOLLYWOOD FL 33022-7467

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90067 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1984

4. FEI Number

59-2380500

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLBURN, ELISA G.  
524 N DIXIE HWY  
HOLLYWOOD FL 33020

81 Name

Harris, Elisa G

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

524 N. Dixie Hwy PO Box 467

83

Hollywood, FL 33020

84 City

Hollywood

FL

85 Zip Code

33020

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINCLAIR, CHRISTOPHER	
STREET ADDRESS	524 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLOOMFIELD, ROBERT	
STREET ADDRESS	522 N. DIXIE HWY.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLBURN, ELISA	
STREET ADDRESS	524 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	EVANS, INGRED	
STREET ADDRESS	400 S. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SS	<input type="checkbox"/> DELETE
NAME	FINK, HEATHER	
STREET ADDRESS	2180 RIVER PARL BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINK, DANIELLE	
STREET ADDRESS	14105 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elisa Harris, Elisa	
3.3 STREET ADDRESS	524 N. Dixie	
3.4 CITY-ST-ZIP	Hollywood, FL	
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fink, Heather	
5.3 STREET ADDRESS	524 N. Dixie Hwy	
5.4 CITY-ST-ZIP	Hollywood, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
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: Ingrid Evans SIGNATURE REQUIRED: Ingrid Evans President 1/7/99 954-920-4844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)