SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

COR	PROFIT PORATION IAL REPORT	Sec DIVISION	EPARTMENT OF STA therine Harris cretary of State OF CORPORATIONS		99 DEC 10 A		
DOCUI 1. Corporation	MENT # H 666 8	9			SECRETARY ST TALLAHASSEE.		
Principal Place	rations Etc. In	Mailing Address					
Promotions Etc. Inc. Principal Place of Business 5515 N. Davis Hury Placeda, 94 32503					DO NOT WRITE IN THI	S SPACE	
Pensacola, 94 32503					3. Date incorporated or Qualified 7-16-85		
	ace of Business	2a. Mailing Address			4. FEI Number 59-2556849	Applied For Not Applicable	
Suite, A	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30		8. This corporation owes the current year	Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Na	sme A	10, Name and Address of New Registered	Agent	
Konald P. Hebert					Address P.O. Box Number is Not Acceptable)		
8710 Scenic Hills De 8710					000000		
Persacda, 9h 32514							
11. Pursuant office or r	to the provisions of sections 607.05 egistered agent, or both, in the Stal	02 and 607.1508, Florida State of Florida, Such change w	atutes, the above-names authorized by the		ation submits this statement for the purpose of c n's board of directors. I hereby accept the appo	hanging its registered pintment as registered	
SIGNATURE .	Julia Z. Nu		There	<u> </u>	. Devel	11-15-99	
12.		ND DIRECTORS	(NOTE: Registered Agent s 13.	ignature wedi	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	17 422000 100 1	DELETE	1.1 TITLE 1.2 NAME	17	evident/Duaguer	Change Addition	
STREET ADDRESS	Ronald P. Heber	LT.	1.3 STREET ADDR	ESS 8	110 Scenic Hells Of		
CITY-ST-ZIP	8710 Denic Hell		1.4 CITY-ST-ZIP	Pa	moacda 93 32614	Change Addition	
NAME	Board of Alirecto		2.2 NAME	1 V.			
STREET ADDRESS .	6903 N. Lagoun ap	त्र. भी	2.3 STREET ADDR 2.4 City-St-Zip	ESS 4	ichael K. allaries del fine Condicantonin	ent, Ox 34533	
TITLE	Panama City 9 &	DELETE		4	ohn P. Wooten becretary	Change Addition	
NAME STREET ADDRESS	0		3.2 NAME 3.3 STREET ADOR	B	20 Eastwood Circle)	
CITY:ST-ZIP			3.4 CITY-ST-ZIP	17.	envacda 98 32514		
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME		800003078 -12/22/99		
STREET ADDRESS			4.3 STREET ADDR	ESS	*****61.25	*****61.25	
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP 5.1 TITLE				
NAME		L DELETE	5.2 NAME	}	£ 1 18	Change Addition (
STREET ADDRESS			5.3 STREET ADDR	ESS)	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change Addition	
NAME		FT pereie	6.2 NAME	ĺ		C Chaire C Monitor	
STREET ADDRESS			6.3 STREET ADDR	ESS		ſ	
14. I hereby ce	rtify that the information supplied wil	th this filing does not qualify	6.4 City-st-zip for the exemption stat	ed in section	on 119.07(3)(i), Florida Statutes. I further certify	that the information	
an officer (i	n this annual report or supplementa ir director of the corporation or the r For Block 13 if changed, or on an at	n annual report is true and a receiver or trustee empowen trachment with an address	ed to execute this rep	ort as requ	on 119.07(3)(i), Florida Statutes. I further certify thalf have the same legal effect as if made und uired by Chapter 607, Florida Statutes; and that	er oath; that I am I my name appears	
ì	Nava	_ 1 4 1.			11-15-99	850-478-0842	
SIGNAT		OR PRINTED NAME OF SIGNING OFF	KER OF DIRECTOR			Daytime Phone #	