PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90163 012 ***150.00

	MARKETING CONSULTAN	10, 1110						
Principal Flace	e of Business	Mailing Address					i) e leki bipit bib	ir meter minne inne
% NICHOLAS G. KOSMAS PO BOX 2032 NEW SMYRINA BEACH FL 32169-4918		% NICHOLAS G. KOSMA'S PO BOX 2092		DO NOT WRITE IN TH	IIS SPACE			
		NEW SMYRNA BEACH FL 32169-4918				3. Date Incorporated or Qualifed		
						09/19/1986		j
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Ap plied For
21		26				59-2835051		No: Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.7	5 Additional
22	.,	27				5. Certifcate of Status Desired	Fee	Re juired
City & Sitate	e	City & State				6. Election Campaign Financing	\$5.0	0 Vlay Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zìp	Count	ry		8. This corporation owes the current year		\
24	25	29	30			Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Curren	n: Registered Agent				10. Name and Address of New Registers	d Agent	
			8	11 1	Name			
K()SMAS, NICHOLAS G. 66:96 ENGRAM ROAD			8	32 5	Street Aildr	ess (P.O. Bo:: Number is Not Acceptable)		
NEW	SMYRNA BEACH FL 32069		8	13				•
			8	34 (City	F	L 85 Z	ip Code
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	at ons of, Section 607,0505, FI	aumonzed b orida Statute	es.	e corporanc	oration submits this statement for the purpose on's board of sirectors. I hereby accept the ap	pointment as	reçistered
	Signature, typed or printed name of registered age							
				gent si	ignature req iire	d when reinstating) OATE	AND DIREC	TORS IN 12
12.	OFFICERS AI	NI) DIRECTORS	13.		ignature req iire	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
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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 of 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 changes on an attach next with an address, with a little empowered.

SIGNATURE: