

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90032 025 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # J68183

1. Corporation Name  
**PRODUCT PROMO, INC.**

Principal Place of Business  
**4801 S UNIVERSITY DR  
 #307  
 FT LAUDERDALE FL 33328  
 US**

Mailing Address  
**4801 S UNIVERSITY DR  
 #307  
 FT LAUDERDALE FL 33328  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1987

4. FEI Number

65-0044819

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐\$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

21 **4801 S UNIVERSITY DR**

2a. Mailing Address

26 **4801 S UNIVERSITY DR**

Suite, Apt. #, etc.

22 **#3070**

Suite, Apt. #, etc.

27 **#3070**

City &amp; State

23 **FT. LAUDERDALE FL**

City &amp; State

28 **FT. LAUDERDALE FL**

Zip

24 **33328**

Country

25 **US**

Zip

29 **33328**

Country

30 **US**

9. Name and Address of Current Registered Agent

**ROSS, RICHARD  
 4801 S UNIVERSITY DR #307  
 FT LAUDERDALE FL 33328**

10. Name and Address of New Registered Agent

81 Name

**ROSS, RICHARD**

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

**4801 S UNIVERSITY DR #3070**

83

84 City

**FT. LAUDERDALE**

FL

85 Zip Code

**33328**

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

TITLE **PCD** ☐ DELETE  
 NAME **ROSS, RICHARD**  
 STREET ADDRESS **4801 S UNIVERSITY DR #307**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33328**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
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 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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:

SIGNATURE REQUIRED **RICHARD ROSS, PRES**

Date

3/24/99 954/252-9/10

Daytime Phone #