

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83876

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90028 046 ***158.75

FLORIDA	A MARKETING INTERNAT	IONAL, INC.						
Principal Plac	e of Business	Mailing Address			t inglite nint talen bismt inter ti	FR 48 W141 B1051 W		211 WIELL GLALL 1981
100 EAST GRANADA BLVD ORMOND EEACH FL 32176 US			100 EAST GRANADA BLVD ORMOND BEACH FL 32:76 US		DO NOT WR		SPACE	
					3. Date Incorporated or Qualifect			
O Principal D	Place of Business	2a. Mailing Address			07/15/1987 4 FEI Number			At plied For
·	Jaca of publicase	26. Walling Address			59-2846422			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22	.,	27			5. Certificate of Status Desired	W	Fee	R∈quired
City & Stat	te	City & State			6. Election Campaign Financing		 \$5.0	00 May Be
23		28			Trust Fund Contribution		Adde	ed o Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the cur	rent year In		
24	25	29	30		Personal Property Tax.	Posisto: 5 d	Yes	No
	9. Name and Address of Cu	rrer t Registered Agent	8	1 Name	10. Name and Address of New	veñiziei ea	Agent	
CMI	rh, randall d.		ľ	Thaine				
	EAST GRANADA BLVD		8	2 Street Add	dress (P.O. Box Number is Not Accep	table)		
	MOND BEACH FL 32176		8	3				
Cili	OND BENOTITE GETTO		•	<u></u>				
			84	4 City		F:1	85 Z	Cip Code
' 11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Stat.	ites, the abo	ve-named cor	poration submits this statement for the	- purpose or		a se sintered
office or r	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was liga ions of, Section 607.0505, Fl	authorized bi lorida Statute	y the corporat es.	rporation submits this statement for the films is board of directors. I hereby acce	DATE	intment as	s registered
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14. Thereby 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 receit er or trustee empowered to affectue 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 attack ment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ONLIDE TOR DIRECTOR