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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS CITY-ST-ZIP # J91418

(0)

**BRENT ASSOCIATES MARKETING, INCORPORATED** 

| Principal Place 108 OLYMPU JUPITER FL: US          | S WAY                                 | Mailing Address<br>108 OLYMPUS WAY<br>JUPITER FL 33477<br>US |                     |                                |               | DO NOT WRITE IN                          |                                   |
|--|---------------------------------------|--|---------------------|--------------------------------|---------------|--|-----------------------------------|
|  |                                       |  |                     |                                |               | 3. Date Incorporated or Qualified        |                                   |
|  |                                       |  |                     |                                |               | 09/04/1987                               |                                   |
| 2. Principal Place of Business 2a. Mailing Address |                                       |  |                     |                                |               | 4. FEI Number                            | Applied for                       |
| 21 26 26 Suite, Apt. #, etc.                       |                                       |  | Suite, Apt. #, ctc. |                                | 65-0014073    | Not Applicable                           |                                   |
| 22   |                                       | 27   |                     |                                |               | 5. Certificate of Status Desired         | \$8.75 Additional<br>Fee Required |
| City & State                                       |                                       | City & State   |                     | 6. Election Campaign Financing | \$5.00 May Be |  |                                   |
| 23   |                                       | [28]   |                     |                                |               | Trust Fund Contribution                  |                                   |
| Zip  | Country                               | Zip  | Cou                 | ınlıy                          |               | 8. This corporation owes or has paid the |                                   |
| 24   | 25                                    | 29   | 30                  | r                              |               | Personal Property Tax due June 30.       | Yes' No                           |
| 9. Name and Address of Current Registered Agent    |                                       |  |                     | 81                             | Name          | 10. Name and Address of New Regist       | ered Agent                        |
| BRENT, R. SPENCER                                  |                                       |  |                     |                                |               |  |                                   |
|  | 8 OLYMPUS WAY<br>PITER FL 33477       |  |                     | 82                             | Street Add    | ress (P.O. Box Number is Not Acceptable) |                                   |
| 30   | FIIER FL 334//                        |  |                     | 83                             |               |  |                                   |
|  |                                       |  |                     | 84                             |               |  |                                   |
|  |                                       |  |                     |                                | City          |  | FL 85 Zip Code                    |
| SIGNATURE  | m familiar with, and accept the oblig | port and the diappt cable (No.                               | th Registeres       |                                |               |  | Alt                               |
| 12.  | OFFICERS AN                           | ID DIRECTORS   | 11)                 |                                |               | ADDITIONS/CHANGES TO OFFICERS            | S AND DIRECTORS IN 12  Change     |
| NAME   |                                       |  | 1.2 NA              |                                |               |  | Charge National                   |
| STREET ADDRESS                                     | 108 OLYMPUS WAY                       |  |                     |                                | ADDRESS       |  |                                   |
| CITY-ST-ZIP  | JUPITER FL 33477                      |  | 1,4 CITY - \$1-2IP  |                                | Y             |  |                                   |
| TITLE  | DITELE                                |  |                     | 2.1.TULF                       |               |  | Change Addition                   |
| NAME   |                                       |  | 22 NA               | ME                             |               |  |                                   |
| STREET ADDRESS                                     |                                       |  | 2381                | KEL1 A                         | ADDRESS       |  |                                   |
| CITY-ST-ZIP  |                                       | DELETE   | 2 4 CHY- S1- 7IP    |                                | 1. 714        |  |                                   |
| TITLE  |                                       |  | 1                   | 3171111                        |               |  | Change Addition                   |
| NAME<br>PROSEE ADDRESS                             |                                       |  | 3.2 NA              | -                              | LDDDGGG       |  |                                   |
| STREET ADDRESS                                     |                                       |  |                     |                                | ADDRESS       |  |                                   |
| CITY-ST-ZIP  |                                       |  | 3.4 CI<br>4.1 TU    |                                | ) /IF         |  | Change Addition                   |
| NAME   |                                       | <del></del> -  | 4. 2 N              |                                |               |  |                                   |
| STREET ADDRESS                                     |                                       |  | 4351                | HEETA                          | ADURESS       |  |                                   |
| CITY-ST-ZIP  |                                       |  | 4 4 01              | IY-S1                          | 1 - ZIP       |  |                                   |
| TITLE  |                                       | ☐ DELITIE  | 5 1 <b>1</b> 11     | ı E                            |               |  | Change Addition                   |
| NAME   |                                       |  | 5.2 NA              | ME                             |               |  |                                   |
| STREET ADDRESS                                     |                                       |  | 5 3 51              | REFLA                          | ADDRESS       |  |                                   |
| CITY-ST-ZIP  |                                       |  | 5.4 CI              |                                | I-ZIP         |  |                                   |
| TITLE  |                                       | [] DELFTE  | 6110                | ILE                            | !             |  | Change Addition                   |

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statules. 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 eath; 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 all achiment with an address.

6.2 NAME