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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corpo	CUMENT # J921(oration Name GRESSIVE MARKETING AS									
Principal	Place of Business	Mailing Address				f immeriam Blid idhird frams tidide salde sales mener acars a				
	I EVEDERE RD. LM BEACH FL 33406	2209 BELEVEDERE RD. WEST PALM BEACH FL 3	2209 BELEVEDERE RD. WEST PALM BEACH FL 33406			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 09/15/1987				
2. Princ	ipal Place of Business	2a. Mailing Address			_	4, FEI Number 65-0006907				
	Apt. #, etc.	Suite, Apt. #, etc.		-7	·=	5. Certificate of Status Desired				
	& State	City & State				6. Election Campaign Financing Trust Fund Contribution Add				
Zip 24	Country 25	Zip	70 Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of C	urrent Registered Agent		Ц,		10. Name and Address of New Registered Agent				
	SMITH, JEFFERY M. 6199 RIVERWALK LANE #4			81 82		Address (P.O. Box Number is Not Acceptable)				
	JUPITER FL 33458			83 84	City	— 85				
offic	ce or registered agent, or both, in the sont. I am familiar with, and accept the control of the	State of Florida. Such change was	authorized	i by	-named of	corporation submits this statement for the purpose of changin reation's board of directors. I hereby accept the appointment a				
SIGNAI	Signature, typed or printed name of register		<u>-</u>	Agen	t signature re	quired when reinstating) DATE				
12.	OFFICER	OFFICERS AND DIRECTORS Delete			3. ADDITIONS/CHANGES TO OFFICERS AN					
NAME	SMITH, KAREN J.		1.2 N							
STREET AD	A400 DIVERNAVALIZ LABIE #	4			ADDRESS					
	UIDITED EI									

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90088 018 ***150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

Signature, typed or printed name of registered apent and title if applicable. (NOTE: Registered Apent signature required when reinstating) DATE							- i	
12. OFFICERS AND DIRECTORS ITTLE DV	office or re	registered agent, or both, in the State of Florida. Such	change was auth	orized by the corpor	orporation submits this statem ation's board of directors. I he	ent for the purpose or reby accept the appo	f changing its i intment as reg	egistered istered
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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 info	I hereby c	certify that the information supplied with this filling does	not qualify for th	e exemption stated i	in Section 119.07(3)(i), Florida	Statutes. I further ce	rtify that the in	formation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it art all 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.

561-640-5555