

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K16150

ALBURY, CUNTON PHD

378 WHOOPING LOOP

NAME

STREET ADDRESS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90076 045 ***150.00

1. Corporation Name CARIBBEAN INTERNATIONAL CONSULTING & MARKETING, INC.					t	
ŀ	Principal Place	of Business	Mailing Address		4 MELIBRIT ER HERE ENER WEST BUNG 1811 BURG BURG BURG AND	•
ı	378 WHOOPING	LOOP:	378 WHOOPING LOOP			
ļ	SUITE 1272	2001	SUITE 1272		DO NOT WRITE IN THIS SPACE	
١	ALTAMONTE SP	RINGS FL 32701	ALTAMONTE SPRINGS FL 327	101		٦.
l	US		U\$		3. Date incorporated or Qualifed	
L					02/23/1988 4. FEI Number 59-34+3912 Applied For	1
ĺ	2. Principal Pla		2a. Mailing Address	ک ما لا	NOT APPLICABLE Not Applicable	1
ļ	21 1353	5 Feather Sound Dr	28 13535 Fea	ther Sound	NOT APPLICABLE Not Applicable \$8.75 Additional	┨
ļ	Suite Apt. #	~ A	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	
ļ		KO	27 220			1
ŀ	City & State		-City & State	1 -0	6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees	
ļ	23 Clca		28 Clearnal	Country	This corporation owes the current year intangible	1
ļ	Zip	Country		Pinella		[
ŀ	24 337	9. Name and Address of Current R		rineus	10. Name and Address of New Registered Agent	1
ŀ		S. Name and Address of Curent N	edistator Main	81 Name		1
ŀ	RIEKI	EL, WILLIAM		\bot	leisher, Christian	┨.
378 WHOOPING LOOP SUITE 1272 ALTAMONTE SPRINGS FL 32701					Address (P.O. Box Number is Not Acceptable) 3535 Feather Sound Dr	1
				83	33.5 FEATURY JOING DI	1
					Suite 220	1
Į				84 City	FL 85 Zip Code 27 ZZZZ	
I	COT DEED - LOOT AFOR Floride Christian III			the above named	concretion submits this statement for the purpose of changing its registered	┥.
11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					1 11 12/0/20	i i
١	SIGNATURE	hristian Heisto	1 Christien	r ICI S		نے ا
I	12.	Signature, typed or printed name of registered agent an OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
ì	TIRE T	CEOP	DELETÉ	1,1 TITLE	Change ☐ Addition	1Ξ
ļ	NAME	FLEISHER, CHRISTIAN		1.2 NAME		8
١	STREET ADDRESS	378 WHOOPING LOOP		1.3 STREET ADDRESS	13535 Feather Sound Dr # 220	
۱		ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	Clearwater, FL 33762	1 2
ı	CITY-ST-ZIP	VP	1 DELETE	2.1 TITLE	Change Addition] 증
ļ		RIEKEL WILLIAM		22 NAME	James Rickel	Ιi
Ì	NAME	378 WHOOPING LOOP	13535 F.S. Dr	2.3 STREET ADDRESS	13535 Feather Sound Dr # 220	Į Į
İ	STREET ADDRESS			2 4 CTTY-ST-ZP	Classical F) 33742	1
Į	CTTY-ST-ZIP	ALIAMONTE SPRINGS FL 32701 VPD	CIPWIT - JOYGE	3.1 TILE	Dir Change Addition	1 ′
l		ORITZ NARMO		3.2 NAME	_	i
i	NAME.	378 WHOOPING LOOP	· 	3.3 STREET ADDRESS	15535 F. S. Dr *220	
I	STREET ADDRESS	ALTAMONTE SPRINGS FL 32701		3.4. CITY-ST-ZIP	Chanto Fl. 23762	
l	CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE	© Change	1 1
I	ITILE .	T		4.2 HAVE	·.	
ļ	NAME	MCCLOSKEY, JUDY 378 WHOOPING LOOP		4.3 STREET ADDRESS	, v	1
	STREET ADDRESS					.
	CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701 DS	[] DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		1
l	TITLE		الماد	5.2 NAME	"	į
l	NAME	TEALL, RUSSELL J.D.	1	5.3 STREET ADDRESS		
١	STREET ADDRESS	378 WHOOPING LOOP		5.4 CITY-ST-ZIP	"	1
J	CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	☐ DELETE	&1 TITLE	. Change Addition	1
ı	mue	Ð			1	1

6.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701** 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 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 attachment with an address, with all other like empowered.

8.2 NAME

6.3 STREET ADDRESS