

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90028 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K34048

1. Corporation Name
FINANCIAL MARKETING HOLDING COMPANY, INC.



Principal Place of Business
 2150 GOODLETTE ROAD
 SUITE 200
 NAPLES FL 34102
 US

Mailing Address
 2150 GOODLETTE ROAD
 SUITE 200
 NAPLES FL 34102
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1988

4. FEI Number
65-0073313

5. Certificate of Status Desired **\$0.75** 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
201 8th Street South

2a. Mailing Address
201 8th Street South

21. Suite, Apt. #, etc.
107

22. **107**

23. City & State
Naples, FL

24. Zip **34102** Country **USA**

25. **USA**

26. Suite, Apt. #, etc.
107

27. **107**

28. City & State
Naples, FL

29. Zip **34102** Country **USA**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROEDER, DENNIS B.
 2150 GOODLETTER ROAD
 SUITE 200
 NAPLES FL 33940

81 Name
Schroeder, Dennis B.

82 Street Address (P.O. Box Number is Not Acceptable)
201 8th Street South

83 **#107**

84 City **Naples** FL 85 Zip Code **34102**

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]*
 Signature, typed or printed name of registered agent and title if applicable

DENNIS B. SCHROEDER **2/9/99**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, DENNIS B.	1.2 NAME	
STREET ADDRESS	4501 N. TAMiami TR. #450	1.3 STREET ADDRESS	201 8th Street South #107
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JUDITH A.	2.2 NAME	
STREET ADDRESS	4501 N. TAMiami TR. #450	2.3 STREET ADDRESS	201 8th Street South #107
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 **941-434-8405**
 Date Daytime Phone #

CR2E034 (11/98)