

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90028 046 \*\*\*150.00

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

2. Principal Place of Business

21 201 8th Street South

Suite, Apt. #, etc.

22 107

City & State

23 Naples, FL

Zip

24 34102

Country

25 USA

2a. Mailing Address

26 201 8th Street South

Suite, Apt. #, etc.

27 107

City & State

28 Naples, FL

Zip

29 34102

Country

30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1988

4. FEI Number

65-0073313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DENNIS B. SCHROEDER

2/9/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHROEDER, DENNIS B.  
STREET ADDRESS 4501 N. TAMiami TR. #450  
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME SCHROEDER, JUDITH A.  
STREET ADDRESS 4501 N. TAMiami TR. #450  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

201 8th Street South #107  
Naples, FL 34102

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

201 8th Street South #107  
Naples, FL 34102

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

941-434-8405

Daytime Phone #

CR2E034 (11/98)