## 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

## DOCUMENT # K69866

MANAGEMENT AND MARKETING SERVICES, INC.

Principal Place of Business
5000 NW 54TH STREET
COCONUT CREEK FL-93078

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90022 050 \*\*\*150.00

Principal Place	pal Place of Business Mailing Address					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5000 NW 54TH GOGONUT CRE		-5860 236 MARGATE BLVD MARGATE FL-33063							
<del>US-</del>		_ <b>U</b> \$				ITE IN THIS SP	ACE		l
		•			<ol> <li>Date Incorporated or Qualified 03/02/1989</li> </ol>				i
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number		Ap	plied For	
21 6245	5 NOTATH FEDERAL Hay	26 6245 N. FEDERAL HWY			65-0181028		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contiferto of Status Desired		\$8.75 A	Additional	
22 Su.	te 300	27 = 50.76 - 300			5. Certifcate of Status Desired	<del></del>	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23 FT LA	vombace, FL	28 FT LAUSENDALE, FL			Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intang	ible		
24 333	08 25 USA	29 33308 30	$\sigma = U$	SA	Personal Property Tax.		] Yes	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Age	ant		
			81		gess, Joseph Lyi	MAN ]	П		
	GESS, JOSEPH LYMAN, III		82	Street Art	gess, Joseph LYI dress (P.O. Box Number is Not Accept		<u></u>		
	NW-54TH STREET ->		102	62			UMI		
<del>-606</del>	ONUT CREEK FL 33073 ->		83		+	J			
			L	Sui	te 300				
•			84	City For	T LAUDERDAUE	FL <sup>1</sup>	35 Zip (	308	
dd Dunniant	to the acquisings of Continue SA ACCO	and 607 1508 Florida Statutes	the above	-named co	moration submits this statement for the		nging its	registered	
office or r	to the provisions of Sections 607,0502 egistered agent, or bottl, in the State of m familiar with, and accept the obligati	Florida. Such change was auth	orized by	the corpora	tion's board of directors. I hereby acce	pt the appointm	ent as reg	gistered	
agent. I a	m familiar with, and account the obligation	ons of Section 207.0505, Florid	a Statutes	. 1		1.10	<i>-</i> 2		
SIGNATURE			ISTEREZ	) HGEN	T (Orneston)	1 4 4 9 4	<u> </u>		_
40	Signature, typed or printed name of registered age to OFFICERS AND	<del> </del>	13.	it signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	EICERS AND I	NRECTO	IRS IN 12	á
12.	D OFFICERS AIGL	DELETE	1,1 TITLE		ADDITIONS CHANGES TO CI		Change	Addition	7
TITLE	BURGESS, JOSEPH L., III		1.2 NAME			_	,		7
NAME	·						•		5
STREET ADDRESS	2631 NW 63RD TERRACE		1.3 STREET	1					6
CITY-ST-ZIP	MARGATE FL	DELETE	1.4 CITY-S	T-ZIP			Change	Addition	9
TITLE	D COORDINATE CANDON	DELETE	2.1 ππ.E			L.	1 countries		`
NAME 1	<del>-GOODWIN, SANDRA</del>	•	2.2 NAME	ſ					1
STREET ADDRESS	2631 NW 63 TERR		2.3 STREET						1
CITY ST ZIP	-MARGATE FL		2.4 CITY S	T-ZIP			7.01	- Addition	-
TITLE	D	DELETE	3.1 TITLE				] Change	☐ Addition	
NAME	BURGESS, TACHELE T.		3.2 NAME						
STREET ADDRESS	2631 NW 63 TERR		3.3 STREET	FADDRESS					}
CITY-ST-ZIP	MARGATE FL		3.4. CITY-S	T-ZIP					
TITLE	D	DELETE	4.1 TITLE	Γ			Change	Addition	'
NAME	-BURGESS, JOSEPH A. IV		4. 2 NAME						,
STREET ADDRESS	2631 NW 63 TERRACE		4.3 STREET	ADDRESS					'
CITY-ST-ZIP	MARGATE FL		4,4 CITY-S	T-ZIP				_	
TITLE	D	DELETE	5.1 TITLE				] Change	Addition	
NAME	BURGESS, ANGELA L.		5.2 NAME						
STREET ADDRESS	399 LAURAL DR.		5.3 STREET	TADDRESS					}
	MARGATE FL		5.4 CITY-S						)
CITY-ST-ZIP TITLE	THE THE PARTY OF T	☐ DELETE	6.1 TITLE	<del></del>	-		Change	Addition	1
			6.2 NAME			_	- •		
NAME			6.3 STREET	TANDRESS					
STREET ADDRESS			64 CiTY-S						) 1

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 receive 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 endures, with all other like empowered.

TERE REQUIRED SIGN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR