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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K84172

1. Corporation Name

CITY-ST-ZIP

PROMOTIONS FOR PROFIT, INC.

Principal Place of Business Mailing Address							DIE!I DIE!I (DJI	
17224 NORTHWAY CIR 17224 NORTHWAY CIR								
BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN THIS SPACE			
!	•					3. Date Incorporated or Qualifed		
						04/28/1989		•
	Place of Business	2a. Mailing Address				4. FEI Number		plied For
Suite, Apt.	# etc	Suite, Apt. #, etc	<u>.</u>			65-0117268		ot Applicable Additional
22 27						5. Certifcate of Status Desired	Fee Re	
City & Stat	te	- City & State	÷ , ———				\$5:00	May Be
23		28				Trust Fund Contribution	Added t	•
	Zip Country Zip			Country		8. This corporation owes the current year		—
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registe	X Yes	□No
	9. Name and Address of Curren			81	Name	10. Name and Address of New Registe	area Agent	
KRE	EGER, JUDITH L							
44 W. FLÄGLER ST				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
	TE 1725			83				New York (NEW
MIA	MI FL 33130			84	City		85 Zip (Code 2 1380
					-			
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida 5 of Florida Such change	Statutes, the a was authorized	above d bv t	e-named corp the comorati	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	se of changing its	registered aistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.050	5, Florida Stat	tutes.		,,		
1								•
SIGNATURE		d 816- 16 16 b b	(NOTE De Lite					·
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable.		d Agent		ed when reinstating) OAT ADDITIONS/CHANGES TO OFFICER		ORS IN 12
SIGNATURE 12.			13.	d Agent		ADDITIONS/CHANGES TO OFFICER		DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	d Agent			S AND DIRECTO	
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with all other like empowered SIGNATURE:

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 13 if changed, pr on an attychment with an addiess/with all other like empowered.

6.4 CITY-ST-ZIP