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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K86561

(3)

3 D MARKETING, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						4 (BBIBlin BBI ABLIA BIIDI BIILD BIISDA II GI BII	in Bibh aion dián 940:		
C/O CAROL I 18315 CYPRES TAMPA FL 33	SS VIEW WAY	18315	C/O CAROL DIETZ 18315 CYPRESS VIEW WAY TAMPA FL 33647			DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualified 05/04/1989			
2. Principal P	lace of Business	2a. Ma	2a. Mailing Address			4. FEI Number Applied For		oplied For	
21		26	26			59-2957659	No	Not Applicable	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			6. Certificate of Status Desired	ר \$8.75	Additional	
22		27	_ <u> </u>			5. Certificate of Status Desired	Fee Ro	equired	
City & State	е	<u>├</u> ─ŋ '	City & State			Election Campaign Financing		May Be	
23	Causta	28	Z _i ρ Country					to Fees	
Zip	Country 25		zip Country		•	8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30.			
24	9. Name and Address of Current			1301		10. Name and Address of New Registered Agent			
NE	TZ, CAROL			81	Name				
	115 CYPRESS VIEW V	VAY	82 Str.		Stroot Ad	dress (P.O. Box Number is Not Acceptable)			
	MPA FL 33647	••••	83 Street 7		Silder Adi	dress (F.O. Box Number is Not Acceptable)			
				84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 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	Storature, based or brinted name	of registered agent and little if app	licable (NOIE	Registered Age	al signature ren	pited when roinstating) (DATE		
12.	·	FICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICER		IS IN 12	
TITLE	V		DELETE	1.1 TITLE			☐ Change	Addition	
NAME	DIETZ, RANDALL			1.2 NAME]			Ì	
STREET ADDRESS	****** * ** = = ** * * * * * * * * * *		1.3 ST		ADDRESS				
CITY+ST-ZIP	ODDESSA FL			1.4 CITY- S	1 - ZIP				
TITLE	P		DELETE	2.1 TITLE	ľ		Change	Addition	
NAME	DIETZ, WILLIAM	u :==		2.2 NAME	ļ			ļ	
STREET ADDRESS	8902 JASPERS DR			2.3 STREET					
CITY-ST-ZIP	BOYNTON BEACH	<u> </u>	T on the	2. 4 CITY-	S1-ZIP		Change	Addition	
TITLE	DIETT CAVAIGO		[_] DELETÉ	3.1 TITLE			∐ Change	Addition	
NAME CERTAIN ADDRESS	DIETZ, GAYNOR 16133 CARDEN DI	NDIV/E		3.2 NAME	ADDOLOG				
STREET ADDRESS	ODESSA FL	/NITL		3 3 STHEET	1			1	
CITY-ST-ZIP TITLE	T	<u> </u>	DELETE	3.4. CHY-1	51 · ZIP		Change	Addition	
NAME	DIETZ, CAROL			4. 2 NAME					
STREET ADDRESS	18315 CYPRESS V	IEW WAY		4.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			4.4 CITY- S	ì				
TITLE	D		DELETE	51 TITLE			Change	Addition	
NAME	DIETZ, YVONNE			5.2 NAME					
STREET ADDRESS	8902 JASPERS DR	IVE		5.3 S1REE1	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH	FL	_	5.4 CITY - S	1				
TITLE	D		DELETE	6.1 TITLE			☐ Change	Addition	
NAME	DIETZ, WALLACE			6.2 NAME					
STREET ADDRESS	18315 CYPRESS V	IEW WAY		63 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			6.4 City-S	T-ZIP			j	

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.

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