

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 PM 9:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800001481588
-05/09/95--01128--018
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L14343 (2)

1. Corporation Name

Attila Marketing Inc.

Principal Place of Business

Mailing Address

**4821 Coronado Parkway
Cape Coral, FL 33904**

**4818 Coronado Parkway
Cape Coral, FL 33904**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
09/08/1989

3a. Date of Last Report
05/01/1994

4. FEI Number

65-0141683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. The corporation has liability for intangible tax under § 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAAG, KEVIN
4821 Coronado Parkway
Cape Coral, FL 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 date of signature)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PCD
HAAG, KEVIN
4821 CORONADO PARKWAY
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**STD
WHITNEY, RUSSELL
4818 CORONADO PARKWAY
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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CITY ST ZIP

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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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 only in attachment with an address.

SIGNATURE:

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/25/95

813-542-8999