**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L40804

1. Corporation Name

FINANCIAL MARKETING AND RESOURCES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90098 009 \*\*\*150.00



1 IIIIOpar I las	:						
	N.E. 27TH TERRACE HOUSE POINT FL 33064 US HOUSE POINT FL 33064 US				DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
			_		01/02/1990	<del></del>	
Principal Place of Business     2a. Mailing Address					4. FEI Number	j	olied For
21 4421 NE 276 To Trace 25 4421 NE 274			470	Maces	65-0162127	- No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 ₽	
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Lighthause Point FL 28 Lighthause F			Zix	· 41	Trust Fund Contribution	Added to	· ·
Zin Country Zin			Country	/	8. This corporation owes the current year	Intangible	
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24 27 (	9. Name and Address of Current	1-0 / / O D / 1-0	<u>' 4</u> .	<u> </u>	10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	10. Harrie and Managed Critical Hagistian	**************************************	
HAMMOND, RICHARD N.				, vaine			
4421 N.E. 27TH TERR LIGHTHOUSE POINT FL 33064			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	<del> </del>	بيب و بيونيد هن هن هن بير پروي ديو د د د د و بيون د د د د د د د د د د د د د د د د د د د		
			84	City	<del>_</del>	85 Zip (	Code
				L	•		rogistorad
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	ionzed by	tne corporatio	oration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE					d when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.				nt signature required	ADDITIONS/CHANGES TO OFFICERS		DS IN 12
12.	<del>, ·                                     </del>	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P	C) DELETE	1.1 TITLE			onango	
NAME	HAMMOND, RICHARD N.	;	1.2 NAME				ł
STREET ADDRESS			1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064-7219		1.4 CITY-5	T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	HAMMOND, SARAH S.		2.2 NAME				}
STREET ADDRESS	AARA NE ATTU TERR		2.3 STREE	T ADDRESS	<del>-</del> -		
			2. 4 CITY-	Į.			1
CITY-ST-ZIP			3.1 TITLE	51 20		Change	☐ Addition
TITLE			3.2 NAME			_ ,	_ \
NAME	,	1	1				
STREET ADDRESS	1	İ		TADDRESS			
CITY-ST-ZIP	·		3.4. CITY-	ST-ZIP		□ Chance	Addition
TITLE	,	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	1		4. 2 NAME	1			
STREET ADDRESS	!			1			
	1			T ADDRESS			<b>I</b>
CITY-ST-ZIP							
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TITLE NAME		DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME			Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	
TITLE NAME STREET ADORESS CITY-ST-ZIP		,	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-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 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY- ST- ZIP

CITY-ST-ZIP