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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # <b>L484</b>	65 (3)				
	. MARKETING, INC.			1 1861   1   1   1   1   1   1   1   1   1		
Principal Place of Business Mailing Address						
% MICHAEL GLEICHER CPA 1800 NORTH DOUGLAS ROAD #102 PEMBROKE PINES FL 33024		% MICHAEL GLEICHE 1800 NORTH DOUGL PEMBROKE PINES FI	AS ROAD #102	Date Incorporated or Qualified		
					3a. Date of Last Re 01/25/19	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number 65-0165094		Applied For
Suite, Apt. #, etc.		26   Suite, Apl. #, etc.		\$8.75 Addition		Not Applicable
<u> </u>		27		5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing		O May Be
3		28	1 0 1	Trust Fund Contribution Added to Fe		
Zip Country <b>25</b>		7ip	Gountry 30	8. This corporation has liability for intangible tax under s 199.032, florida Statutes ✓ Yos ☐ No		
24	9. Name and Address of Curr		1001	10. Name and Address of New F		
			81 Name			
GLEICHER, MICHAEL CPA 1800 NORTH DOUBLAS ROAD #102			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
			83			
PEMBI	ROKE PINES FL 33024		63			
			84 City		FI 85 Z	p Code
SIGNATURE: _	th, and accept the obligations of, Se Signature typed or printed name of registered as OFFICERS A		TE: Registered Agent signature recommendation	ed when reinstatings  ADDITIONS/CHANGES TO OFF	DATE	DRS IN 12
TITLE	D	☐ DELETE	1. 1 Table		☐ Change	☐ Addition
NAME	GREENE, JERRY JAY		1.2 NAME			
STREET ADDRESS	3769 CARAMBOLA CIRC		1.3 STREET ADDRESS			
CHY-SI-ZIP	COCONUT CREEK FL	33066-2444	14 CITY-ST-7/P 2 1 TITLE		☐ Change	Addition
TITLE NAME		[] bitter	22 NAME		Onlings	
STREET ADDRESS			23 STHEET ADDRESS			
C(TY - ST - Z(P			2.4 CHTY - ST - ZIP			
THEF		☐ DEFELE	3 1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C-TY-ST-ZiP TillE		DELETE	3 4 C/TY - ST - Z/F'		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			,
CITY - ST - ZIP			4 4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 7:TLF		☐ Change	Addition
NAME ONIVER ADDRESS			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TILE		☐ DELETE	6 1 11 LE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STHEET ADDRESS			
CITY-ST-ZIF			6 4 CHY-ST-ZIP	for the exemption stated in Section 119	07/9/th) Florido 04-4	too 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.

SIGNATURE: JERRY JAY GREENS JUMN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICIENCY