| | | | _ | | | | | | |
|------------------------------|---|---|------------------|--|--|----------------|--|--------------------------|-------------------------------|
| FILE | NOW: F | ILING FEE | AFTE | R MAY 1 IS | \$225.00 | | , | | |
| ANNUA | ROFIT ORATION IL REPORT 996 | | | Secretar | TMENT OF STATE Mortham y of State ORPORATIONS | • | . pe | | |
| DOCUM | ENT# | L6071 | 0 | (5) | | | | | |
| 1. Corporation N | | MARKETING I | NC. | , , | | | | | |
| TOOL III | DOGITIME | 118 11 11 12 11 10 1 | | | | | | | |
| Principal Place of Business | | | | Mailing Address | | | L 1881/18/1 \$15 Entre Beitt 1880 c men | | |
| 14026 CITEUS TAMPA FL 336 | | 14026 CIVRÚS POINT DR TAMPA FL 33825 | | | | | | | |
| US | | | US/ \ | | | | 3. Date Incorporated or Qualified 03/22/1990 | 3a. Date of Last 06/09/1 | |
| 2. Principal Plac | | | ├ ── | Mailing Address | AC(33 | | 4. FEI Number 59-2999852 | | Applied For Not Applicable |
| 21 4950 | Suysh | in Blied | 26 | P.O. /Sox Suite, Apt. #, etc. | 25633 | **** | | \$8.T | 75 Additional |
| Suite, Apt. #, | Z | | 27 | | | | Certificate of Status Desired | | e Required |
| City & State | . F-1 | | 28 | City & State | El | | Election Campaign Financing Trust Fund Contribution | LJ Ad | .00 May Be ded to Fees |
| 23 Tanga | | Country | | Zip | Country | • | 8. This corporation has liability for Florida Statutes Yes | intangible tax under | s 199.032, |
| Zip 24 336 | 9 Name and | Address of Curre | 29 Int Regis | tered Agent | [30] | | 10. Name and Address of New F | | |
| | | | | | 81 Nar | | | | |
| ROSE, G | ary C. Trus point | UD | | | 82 Stre | et Add | Iress (P.O. Box Number is Not Acceptal | ble) | |
| TAMPA F | | חע | | | 83 | | | | |
| | • | | | | 84 City | | | FL 85 | Zip Code |
| 11. Pursuant to | the provisions | of Sections 607.050 |)2 and 60 | 7.1508, Florida Statute | es, the above name | d corpo | pration submits this statement for the pu | roose of changing i | ts registered office |
| | | | | n change was authorize ,0505, Florida Statutes. | | n's Do | oration submits this statement for the po and of directors. I hereby accept the app | - | |
| SIGNATURE _ | My | inted name of registered age | ent augo tide if | applicable Cary (NO | TE Registered Agent signa | ture requir | red when reinstating) | 9-20- | |
| 1 ,2. | | OFFICERS A | | CIORS | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND DIREC | DTORS IN 12 pe Addition |
| TITLE | D Rose, ga | DV C | | DELETE | 1 1 TITLE 1.2 NAME | | Rose, Gay, C. | | |
| NAME STREET ADDRESS | 14026\C# | RUS POINT DR | Addr | ers Change only | | ESS | 4950 Bayshore | | NIT " IC |
| CITY-S1-ZIP | TAMPATL | | | | 1.4 CITY-ST-ZIP | $\overline{1}$ | 14 mps, 81 33 | 1611. | an Addition |
| TITLE | | | | ☐ DELETE | 2 1 TITLE | | | Char | ige Addition |
| NAME | i | | | | 2.2 NAME 2.3 STREET ADDR | | | | |
| STREET ADDRESS | | | | | 2 4 CITY-ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | <u></u> | | | DELETE | 3 1 TITLE | | | ☐ Char | nge 🔲 Addition |
| NAME | <u> </u> | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | | 3.3 STREET ADD | | | | |
| CITY - ST - ZIP | | | | FD BELEIC | 3 4 CITY-SI-ZIF | <u>'</u> | | Cha | nge Addition |
| TITLE | | | | DELETÉ | 4.1 TITLE 4.2 NAME | | | <u></u> 314. | |
| NAME DARGET ADDRESS | | | | | 4.2 NAME 4.3 STREET ADD | RESS | | | |
| STREET ADDRESS CITY-ST-ZIP | <u> </u> | | | | 4.4 CITY - ST - ZIF | | | | |
| TITLE | <u> </u> | | | ☐ DELETE | 5 1 TITLE | | | ☐ Cha | |
| NAME | | | | | 5.2 NAME | | 9000018 -05/24/9603 | 38795 | Į. |
| STREET ADDRESS | | | | | 5.3 S1RSET ADD | - 1 | -05/24/960: | 1064010 | |
| CITY-S1-ZIP | | | | DELETE | 5 4 CITY-SI-ZI 6 1 THLE | | ***200.00 | Cha | nge 🔲 Addition |
| TITLE | I . | | | L. J DELETT | | - 1 | | | |

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 early; 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)