

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90004 017 ***150.00

DOCUMENT # L68704

1. Corporation Name
AGENCY MARKET ACCESS CORPORATION

Principal Place of Business

2125 FIRST STREET
#101
FORT MYERS FL 33901

Mailing Address

2125 FIRST STREET
#101
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1990

4. FEI Number

65-0203798

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. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SITKINS, ROGER H.
2125 FIRST STREET
#101
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTIN-VEGUE, DEREK
STREET ADDRESS 5800 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL

TITLE P ☐ DELETE

NAME WILES, DOUGLAS
STREET ADDRESS PONCE DE LEON BLVD.
CITY-ST-ZIP ST AUGUSTINE FL

TITLE VP ☐ DELETE

NAME JONES, TOM
STREET ADDRESS 1780 N KROME AVE.
CITY-ST-ZIP HOMESTEAD FL

TITLE S ☐ DELETE

NAME CAHILL, JANE
STREET ADDRESS 2125 FIRST STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ DELETE

NAME BROWN, RICHARD
STREET ADDRESS 202 SEABREEZE BLVD.
CITY-ST-ZIP DAYTONA BCH FL

TITLE CEO ☐ DELETE

NAME SITKINS, ROGER H.
STREET ADDRESS 2125 FIRST STREET
CITY-ST-ZIP FORT MYERS FL 33901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 941-337-2555

Date

Daytime Phone #

CR2E034 (11/98)

044/453