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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 015 \*\*\*300.00

<ol> <li>Corporation</li> </ol>	MENT # L76357 RKETING GROUP, INC.	,			
Secol Dies M.					
Principal Place	of Business	Mailing Address			P 10871811 Ett 19819 81188 11161 41111 fabr diete einen diete einen diete einen diete einen son
1040 BAYV.EW DR #330 P O BOX 22874					
FT LAUDEROALE FL 33304 FT LAUDERDALE FL 33335					DO NOT WRITE IN THIS SPACE
US		US			3. Date incorporated or Qualified
					05/30/1990
2. Principal Place of Business 2a. Malling Address					4. FEI Number . Applied For
21 28					65:0198456Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
27					r ee requieu
City & State				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
23	28		Country		8. This corporation owes the current year Intangible
Zip	Country [25]				Personal Property Tax.
24	9. Name and Address of Curre				10. Name and Address of New Registered Agent
			81	Name	
LANE, HAROLD			82	Street	Address (P.O. Box Number is Not Acceptable)
400 N STATE RD 7					
STE. 310			83		[
MARGATE FL 33063			84 City E 85 Zip Code		
				ــــــــــــــــــــــــــــــــــــــ	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed no mis of registered agent and title if applicable. (NOTE: Registered Agent signature required  12 OFFICERS AND DIRECTORS  13.				\	
12.		ND DIRECTORS	13.		Change Addition
TITLE NAME	D   Kurdian, Gregory	2	1.2 NAME	ſ	{ ·
STREET ADDRESS		i	1.3 STREET ADDRESS		
CITY-ST-ZIF	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP		
TITLE	11 21000.01	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS		·	23 STREET ADDRESS		• • • • • • • • • • • • • • • • • • •
CITY-ST-ZIF			2.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		, Clarge Character
NAME			3.2 NAME		
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NAME 15	1.5 - 2.5 -		6.2 NAME		1
STREET ADDRESS	1. 15 M.	1		T ADDRESS	1
CTTY-ST-ZEP	·		8.4 CITY-1	51-ΔP	The state of the s

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!). 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 attagramment with an endress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE