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

1990

| DOCU 1. Corporation | MENT # M | 13966 | ((|)) | | | | |
|--|--|---------------------------|--|------------------------|--|--|------------------------------|-----------------------|
| | ISON MARKETING, | INC. | • | , | | 1 124 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | | | | | | | |
| Principal Place of Business | | | Mailing Address | | | 1 SAMINASS INI SINGN TELIH INSIN MISSI | N ANNA BABAH ANDAN BABAH BAR | \$EL 040(1 0101) (90) |
| 9191 CHIANTI COURT BOYNTON BEACH FL 33437 US | | | 9191 CHIANTI COURT BOYNTON BEACH FL 33437 US | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 04/15/1985 | 3a. Date of Last | |
| 2. Principal P | lace of Business | 2: | 2a. Ma'ling Address | | | 4. FEI Number | 02/16/19 | Applied For |
| 21 | ···· | 26 | 26 | | | 59-2520228 | | Not Applicable |
| Suite, Apt. | #, etc. | | S⊎te, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.7 | 5 Additional |
| City & Stat | | 27 | 27 | | | Grand or Grand Boshed | Fee | e Required |
| 23 | е | 28 | City & State | | | 6. Election Campaign Financing | | 00 Мау Ве |
| 7 _{(P} | Country | | Zip | Countr | | Trust Fund Contribution | Add | led to Fees |
| 24 | 25 | | 29 30 | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes XX Yes □ No | | | |
| | g. Name and Address | s of Current Regi | stered Agent | L | | 10. Name and Address of New R | | |
| | | | | 81 | Name | | | |
| DENNISON, DOUGLAS G. 9191 CHIANTI COURT | | | | | Street | Address (P.O. Box Number is Not Acceptab | le) | |
| | | | | | | | | |
| BOYNI | ON BEACH FL 33437 | | | 83 | | | | _ |
| | | | | 84 | 84 City | | | Zip Code |
| 11. Pursuant | to the provisions of Section | s 607 0502 and 6 | 07 1508 Farida S | tatutes the above | L | programme of the state of the s | FL 👸 ' | |
| SIGNATURE | Signature, typied or printed name of r | egistered agent and the r | apple, able | | | orporation submits this statement for the purp board of directors. Thereby accept the appoint | intment as registere | d agent. I am |
| 12. | OFFICERS AF | | ND DIRECTORS | | | ADDITIONS/CHANGES TO OFF | | |
| NAME | DENNISON, DOUGL | A C C | | 1 1 111(6 | | SECRETARY | XX Change | ☐ Addition |
| STREET ADDRESS | 9191 CHIANTI COU | | | 1.2 NAME 1.3 STHEE | ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH I | | | 1.4 CHY-5 | | 33437 | | |
| TITLE | -004 | | DELETE | 2 1 HILE | | PRESIDENT | XX Change | Add tion |
| NAME | DENNISON, ARLEEI | ١ | | 2.2 NAME | | Precent 1 | **** o kinga | |
| STREET ADDRESS | 9191 CHIANTI COU | RT | | 2 3 STHEE | ADDRESS | | | |
| CITY - ST - ZiP | BOYNTON BEACH I | FL | | 24 CHY-8 | 1 - ZIP | 33437 | | |
| TITLE | | | DELETE | 3 111°LF | | | Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 33 STREE | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 3.4 C I Y - 5 | T ZIF | | | |
| NAME | | | ال مردد ال | 4 1 TILLE 4.2 NAME | į | | ☐ Change | Addition |
| STREET ADDRESS | | | | 4.2 NAME 4.3 STREET | Annares | | | |
| C-TY-ST-7iP | | | | 4.4 CITY - S | | | | İ |
| TITLE | | ~ | DELETE | 5 1 THEF | *: | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | |
| S7RFET ADDRESS | | | | 5.3 STREE1 | ADDR: \$\$ | | | |
| CHY-ST-ZIP | | | | 5.4 C·TY - S | 1 - ZIP | | | |
| III.E | | | DELETE | 6 1 THEF | } | | ☐ Change | Addition |
| NAME | | | | 6.2 NAME | | | | |
| STHEET ADDRESS | | | | 63 STREFT | | | | |
| CITY-ST-ZIP | Landit About the late of F | a contract and the | ·, | 6.4 CITY - S | [- Z)P | | | |

4. 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 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: X Career



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407-364-8363