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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M94455

1. Corporation Name

INTERLECT MARKETING, INC.

Principal Place of Business Mailing Address						10010013   4 10111   53     1100    51  01		OKON DION EDDI
10929 US 1, #18 BLDG 1		PO BOX 780186	•					
SEBASTIAN FL 32958		SEBASTIAN FL 32978		İ	DO NOT WRITE I	NUTURO COACE		
US		US			3	DO NOT WRITE I  Date Incorporated or Qualifed	N THIS SPACE	
						08/16/1988		
2. Principal P	lace of Business	2a. Mailing Address				FEI Number	Α	pplied For
21		26				<u>59-2931667</u>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	•	Additional
22		27						Required
City & State		City & State	<b>⊢</b> '			Election Campaign Financing		May Be to Fees
23 Zin	Country	<b>28</b>	Coun	irv.	<del></del>	Trust Fund Contribution  This corporation owes the current		to rees
Zip	[25]		30		8.	Personal Property Tax.	year intanglole ☐ Yes	□No
24	9. Name and Address of Currer		30		10.	Name and Address of New Regi	stered Agent	
			1	31 Nam	e			
	ndon, estrella V.		ļ.	S4	4 444 /0	O. Boy Number is Not Assentable	<del></del>	
10929 US 1			'	32 Stree	et Address (P.	.O. Box Number is Not Acceptable)	•	
#18, BLDG 1			T	33				
SEB	ASTIAN FL 32958		ļ.	34 City			85 Zip	Code
			,	34 City			FL   "	COUL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-name	d corporation	submits this statement for the purp	pose of changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flor	utnorizea rida Statut	oy tne co es.	rporation s bo	lard of directors. I hereby accept the	e appointment as i	egistered
SIGNATURE	, , ,							
JIGNATURE	Signature, typed or printed name of registered age			gent signatui	e required when re		DATE	222 11 42
12.		D DIRECTORS	13.		<b>F</b>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
TITLE	PTD DUCCELL	☐ DELETE	1.1 TITL				Change	
NAME	Brandon, Russell 10929 US 1, #18 BLDG 1		1.2 NAM					ļ
STREET ADDRESS	SEBASTIAN FL			EET ADORES	8			
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITL	'-ST-ZIP			☐ Change	Addition
TITLE	BRANDON, ESTRELLA		2.1 IIIC		•			
NAME	10929 US 1, #18, BLDG 1				,,			İ
STREET ADDRESS	SEBASTIAN FL	• •=	1	EET ADORES Y-ST-ZIP	8			
CITY-ST-ZIP TITLE	OLD/1011/17	DELETE	3.1 TITL		<u> </u>		Change	Addition
NAME			3.2 NAM					
STREET ADDRESS			1	 Eet addres	ss			
CITY-ST-ZIP			1	Y-ST-ZIP		-		
TITLE		☐ DELETE	4,1 TITL				Change	Addition
NAME			4. 2 NA	Æ				
STREET ADDRESS			4.3 STR	EET ADDRES	ss			
CfTY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE	4.00	☐ DELETE	5.1 T(T)	E			☐ Change	☐ Addition
NAME			5.2 NAM	E				ļ
STREET ADDRESS			5 3 STD		1			
CITY-ST-ZIP			3.5 3 11	EET ADDRES	SS			i
			5.4 CIT	-ST-ZIP	SS		·· <del>-</del> -	
TITLE		DELETE		-ST-ZIP			. Change	Addition
TITLE NAME		☐ DELETE	5.4 CIT	'-ST-ZIP E			. Change	Addition

14. I hereby certify that the information supplied with the information supplied with 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:

CITY-ST-Z)P