

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90067 014 ****61.25

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1. Corporation Name

**ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTOR
S, INC.**

Principal Place of Business

111 REED RD
ABSECON NJ 08201
US

Mailing Address

111 REED RD
ABSECON NJ 08201
US



2. Principal Place of Business
211 REED RD

2a. Mailing Address
211 REED RD

3. Date Incorporated or Qualified
04/08/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-1455484

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONOUGH, TERRY D
4191 DAIRY COURT
PORT ORANGE FL 32127**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HOSTETTER, DAVID**
STREET ADDRESS **966 HOUSTON NORTHCUTT BLVD. #P**
CITY-ST-ZIP **MT. PLEASANT NC 29464**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **KEEN, SUSAN**
1.3 STREET ADDRESS **1011 HAULTAIN COURT, UNIT 2**
1.4 CITY-ST-ZIP **MISSISSAUGA, ONT. CANADA L4W 1W1**

TITLE **TD** ☐ DELETE
NAME **GOLDSMITH, HENRY**
STREET ADDRESS **111 REED RD**
CITY-ST-ZIP **ABSECON NJ 08201**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **211 REED ROAD**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KAUFMAN, MARK**
STREET ADDRESS **420 FAIRFIELD AVE.**
CITY-ST-ZIP **STAMFORD CT 06902**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **HOSTETTER, DAVID**
4.3 STREET ADDRESS **966 HOUSTON NORTHCUTT BLVD. #P**
4.4 CITY-ST-ZIP **MT. PLEASANT NC 29464**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VD**
5.3 STREET ADDRESS **FEARN, JONATHAN**
5.4 CITY-ST-ZIP **1120 JOSHUA WAY**
VISTA, CA 92083

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **KENNEY, BARBARA**
6.4 CITY-ST-ZIP **2095 PREMIER ROW**
ORLANDO FL 32809

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 617, 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:

Henry Goldsmith 1/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(609) 645-3292

Date

Daytime Phone #

CR/E037 (11/98)