**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P03505 1. Corporation Name

SIGNATURE:

PPC MARKETING (USA), INC.

Principal Plac	e of Business	Mailing Address		•			1417 412-7 7441	
350 HURST ST		P O BOX 394						
st <del>e 1901</del> Linden nj 070	vac	s <del>te -1301*</del> Ridgefield <b>n</b> y 07660			DO NOT WRITE IN 1	DO NOT WRITE IN THIS SPACE		
US	00	US NJ		3. Date Incorporated or Qualifed				
					09/26/1984			
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number	Apı	plied For	
M 3.	26 to 10 px 3			22-2552563	Nor	t Applicable		
Suite, Apt.	Suite, Apt, #, etc.			5. Certifcate of Status Desired	\$8.75 A			
22		27			3. Certificate of Status Desired	Fee Re	quired	
City & Stat		City & State			6. Election Campaign Financing	\$5.00 t		
	NDEN NO	28 KIDGEFIELD			Trust Fund Contribution	Added to	o Fees	
7 070	Country 36 25 454	20 01660 F	Соцп 30	" t/( A_	8. This corporation owes the current year		□No	
4 0 10	9. Name and Address of Curren		30	-2- ((-2) 1:-	Personal Property Tax.  10. Name and Address of New Registe			
	9. Name and Address of Curren	it Registered Agent		81 Name	IV. Name and Address of New Registe	red Agent		
MOT	OLAW, INC.		L					
1301 RIVERPLACE BLVD				B2 Street A	ddress (P.O. Box Number is Not Acceptable)			
STE. 1301				33				
JACKSONVILLE FL 32207								
			-	B4 City	1	FL 85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the ab	ove-named o	orporation submits this statement for the purpos	e of changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	by the corpor	ation's board of directors. I hereby accept the a	ppointment as rec	gistered	
-	in familial with, and accept the obliga	tions of, Section Gor, 6505, 1 tola	da Olaibi					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: 1	Registered A	gent signature rec	guired when reinstating) DATI	£		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITL	E	SECRETARY	, ET Change	Addition	
NAME	CRISCUOLO, BARBARA		1.2 NAN	Æ .	·			
STREET ADDRESS	137 HUDSON AVENUE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	RIDGEFIELD PARK NJ		_	-ST-ZIP			<del></del>	
TITLE	SD	☐ DELETE	2.1 TITL	E	PRESIDENT	<b>⊈</b> }-Change	Addition	
NAME	CRISCUOLO, SALVATORE		2.2 NAM	E	3. × .5			
STREET ADDRESS			2.3 STR	EET ADDRESS				
CITY-ST-ZIP	RIDGEFIELD PARK NJ		-	Y-ST-ZIP				
TITLE		☐ OELETE	3.1 TITL	1		☐ Change	☐ Addition	
NAME			3.2 NAM					
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP		☐ Change	Addition	
TITLE		C) DECE IE	4.1 TITL			☐ Change	Addition	
NAME			4. 2 NAI					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 TITL	-ST-ZIP		Change	Addition	
		<u> </u>	5.2 NAM	1				
NAME			1	EET ADDRESS				
STREET ADDRESS			· ·	-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL			☐ Change	Addition	
NAME			6.2 NAM	E		_ •	_	
STREET ADDRESS			6.3 STR	EET ADDRESS				
i				-ST-ZIP				
CITY-ST-ZIP 14. ( hereby c	ertify that the information supplied wit	th this filing does not qualify for	he exem	ption stated i	n Section 119.07(3)(i), Florida Statutes. I further	r certify that the in	nformation	
officer or	on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attac	iver or trustee empowered to ex-	ecute this	report as re	ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	under oath; that I at my name appe	am an ears in	

DOL CUTEWOOD - SECYPLE TORY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90035 003 \*\*\*150.00

