PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9200007024

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State

05-19-1999 90001 026 ***750.00

 Corporation 		JU. JE 1							
APPLIED	LIST MANAGEMENT, INC.	,							(1811 ACR) '484
			•						
			_						
Principal Place of Business Mailing Address									
1801 LEE ROAD 1947 LEE ROAD SHITE 301 WINTER PARK FL 32789									
SUITE 301 WINTER PARK FL 32789 WINTER PARK FL 32789 US						DO NOT WRITE IN THIS SPACE			
11111211111111		••				3. Date Incorporated or Qualifed			
						11/23/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	_			4. FEI Number		App	olied For
21 1947	LEE ROAD	26				<u>59-3154518</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A		
22	<u></u>	27	<u> </u>					Fee Re	
City & State	e ER PARK, FL	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	-
Zip	Country	Zip	Country			8. This corporation owes the cur	rent year Int		_ \
24 3278	9 25 ORANGE	29 30	L			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
ADO	NOTE LEN E		81	Name					
ARONOFF, LEN E			82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
1947 LEE ROAD WINTER PARK FL 32789			-						
*****	ER FARR 1 E 32/03		83						
			84	City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	corpor	ration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was auth	onzed by	the como	oration	i's board of directors. I hereby acce	pt the appoi	ntment as reg	gisterea
_	m lamma wat, and decept are congen								{
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agen	t signature r	equired v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FICERS AN	ND DIRECTO Change	RS IN 12
TITLE	P DOLLARD	☐ DELETE	1.1 TITLE		P	IND DOTAND		Change	Addison
NAME	301734 1132 1142		1.2 NAME	4045					
STREET ADDRESS			1.3 STREET			INTER PARK, FL 32789			
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZiP	MIL	ITER PARK, FL 3	2/09	Change	Addition
TITLE			2.2 NAME					_ ,	_
NAME CTDEET 40000000	1 - I		2.3 STREET	ADDRESS					
STREET ADDRESS			2.4 CITY-S					_	
CITY-ST-ZIP TITLE	-	☐ DELETE	3.1 TITLE		-			Change	Addition
NAME		3.21							Ì
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-\$	r-zip					
TITLE		☐ DELETE	5.1 TMLE					Change	Addition
NAME			5.2 NAME						}
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					- Addition
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME	I DBC=40					ł
STREET ADDRESS	a 3.90 t		6.3 STREET	ADDRESS	l				

CITY-ST-ZIP. 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 copporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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