Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90110 014 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000056895

1. Corporation Name

M & L MARKETING, INC.

				_	
Principal Place	e of Business	Mailing Address			I (Belles) the lates will estit early said said said said said said said said
3844 S. TUTTLI		3844 S. TUTTLE			
SARASOTA FL 34239 US SARASOTA FL 34239 US					DO NOT WRITE IN THIS SPACE
UŞ	•	00			3. Date Incorporated or Qualifed
					08/06/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0431838 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired Serviced Fee Required
22		27			
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip	Country		Country		This corporation owes the current year Intangible
24	25	29 30		•	Personal Property Tax. Yes No
24	9. Name and Address of Curr	1			10. Name and Address of New Registered Agent
			81	Name	
	RELL, DONALD J		82	Street Addi	Iress (P.O. Box Number is Not Acceptable)
2033 MAIN STREET				000171	
	TE 300		83		
SAR	ASOTA FL 34237		84	City	85 Zip Code
					PL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE  Signature, blood or printed name of registered event and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
45	Signature, typed or printed name of registered of	agent and title if applicable. (NOTE: Reg AND DIRECTORS	istered Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIDEMAN, GERALD		1.2 NAME		
STREET ADDRESS	3844 S. TUTTLE			T ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S	·	} }
TITLE	VI	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIDEMAN, INNA		2.2 NAME		
STREET ADDRESS	ANALA S TITTLE		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-	-	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE .		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4.2 NAME	.	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	]	Tousings Deposition
NAME				ET ADDRESS	
STREET ADDRESS			5.4 CITY-5		
CITY-ST-ZIP	<u> </u>		6.1 TITLE		Change Addition

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 justee 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, if on an attagriment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS