COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. IMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT# P93000081564

MAIL MARKETING SERVICES, INC.

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90009 047 \*\*\*550.00



cipal Place	of Business	Mailing Address							
8 131ST A	/E. N.	MAIL MARKETING SERV	ICES INC	Ю	•	-			
EARWATER FL 34622-3376-2-4262		PO BOX 7835 CLEARWATER FL 94618-7835		スネフビターフはろり	DO NOT WRITE IN THIS SPACE				
		US US	P1000 * .	00/30-763	3. Date Incorporated or Qualified	N This St	AUL		
		00			11/29/1993				
D		On Mariline Address			4. FEI Number			pplied Fo	\r
Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.			59-3212844		<del></del>		
					59-3212844   Not Applicable   \$8.75 Additional				
					5. Certificate of Status Desired	Ш '	•	equired	#11
		27   City 8 Ct=t=						<u> </u>	
City & State	1	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				•
		28		tnr	Trust Fund Contribution		Auded	to rees	
Zip	Country	Zip	$\vdash$	untry	8. This corporation owes the current	. —	res [	No	
	25	29	30		Intangible Personal Property.  10. Name and Address of New Regi				
	9. Name and Address of Current	Registered Agent		81 Name	To, Hame and Address of New Regi	overen vi			
CRA	WFORD, W ROBERT			I I I I I I I I I I I I I I I I I I I					
3638 131ST AVE N				82 Street Addres	ss (P.O. Box Number is Not Acceptable)	)			
	ARWATER FL 33762								
VII.	rumateli i e voive			83					
				84 City			85 Zip	Code	
					ation submits this statement for the purpo	<u>FL</u>			
office or re	m familiar with, and accept the obligat	of Florida, Such change was jons of, section 607.0505, F	Iorida Sta	atutes.					
agent. I a NATURE _	m familiar with, and accept the obligat	ions of, section 607.0505, F	-lorida Sta	atutes. tered Agent signature requir	ed when reinstating)	DATE			
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powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporation in Block 12 or Block 13 if changes, or

**IGNATURE:**