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 # P94000048494

D.H.R. MARKETING, INC.

Principal Place of Business Mailing Address						Di IBLII GISI	G (Ali) BIO) INCL
] '		•					
22119 BOCA PLACE DRIVE P.O. BOX 3347							
SUITE 326 BOCA RATON FL 33427 BOCA RATON FL 33433 US					DO NOT WRITE IN THIS SPACE		
DOOR HATCH TE SOME					3. Date Incorporated or Qualifed		
					06/29/1994		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			65-0501480	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year Intan Personal Property Tax.	igible ☑ Yes	□No
24	9. Name and Address of Current		`		10. Name and Address of New Registered Ag	ent	
 	2. Isalile file Moness of Childh		81	Name			
CORPORATION INFORMATION SERVICES INC.							
1201 HAYS ST.				Street Add	ress (P.O. Box Number is Not Acceptable))
TALLAHASSEE FL 32301			83				
			84	City	FL	85 Zip	Code
					poration submits this statement for the purpose of ch	Ш	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corporati	on's board of directors. I hereby accept the appoint	ment as r	egistered
SIGNATORE	Signature, typed or printed name of registered agen			nt signature require	ed when reinstating) DATE		000 111 40
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	UPSI		1.1 TITLE	ļ	i	Change	[] Addition
NAME	RANDALL, GORDON		1.2 NAME	}			
STREET ADDRESS	102 NE 2ND ST #300		1.3 STREE	ADDRESS			,
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE	ļ	Į	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS:			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP			
TITLE	☐ DELETE 3.1 T		3.1 TITLE		1	Change	Addition
NAME			3.2 NAME				İ
STREET ADDRESS		•	3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		1	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			!
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
ПТСЕ		☐ DELETE	5.1 TITLE	_		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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 corporation or the faceive or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

62 NAME

Block 12 or Block 13 if changed, or on any Assay ment with

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

GNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

JAM 9

Daytime Phone #

☐ Change

Addition

≣:

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90068 050 ***150.00

CR2E034 (11/98)