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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000063863**1. Corporation Name

BREAK-THROUGH MARKETING & MORE, INC.

1 .							}					
Principal Plac	ce of Business	· Ma	aiting Address						4 10011001 ISO 10311 81011 0011	WEEL	MITME THREE T	111 0 A 11 00 1111 1 20 1
P.O. BOX 1505 P.O. BOX 1505						1				•		
LAKELAND FL 33802-1505 LAKELAND FL 33802-1505						ļ			•			
CHILEDIAN IT MODELING						1	DO NOT WRITE IN THIS SPACE					
			•				<u> </u>	3.	Date Incorporated or Qualife	ed		
							ĺ		08/26/1994			
2 Dringing F	Place of Business	722	Mailing Address				+		FEI Number		T I	Applied For
<u> </u>	lace of busiless		Maining Address				•		59-3256215		\vdash	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.									39-32302 13			- ' '
			Suite, Apt. #, etc.					5.	Certificate of Status Desired			5 Additional Required
22 27			0: 0.0: 1									
City & State			City & State						Election Campaign Financin	^{ig.} □		0 May Be
23		28							Trust Fund Contribution		Adde	d to Fees
Zip	Country	Щ	Zip	, Co	ountry		ļ	8.	This corporation owes the c	urrent year In		_
24	25	29		30					Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regis	tered Agent		ــــــــــــــــــــــــــــــــــــــ		•	10.	Name and Address of Nev	v Registered	Agent	
	TOUCHET THE	. والمجانب			81	Name						
HU STORE OF	DRNTON, ROY D		• 1.**		82	Stroot	Addross	- /D	.O. Box Number is Not Acce	ntable)		
	HOWARD AVE	905	1, 14 h.		02	Succia	Auuress	o (r.	.O. DOX Number is NOT Acce	plable)		
LAK	ELAND FL 33801				83				(va. ,) () () () () () () () ()	F. G 17.	Hara Hara	· 1416 图 图
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 60 f Florid	07.1508, Florida Statut la Such change was a	es the a	above ad hv	e-named of the coroo	corpora rration's	ition s ho:	i submits this statement for the	ne purpose of cept the appo	cnanging intment as	its registered registered
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	am tamiliar with, and accept the obligation	ons or,	Section 607.0505, Flo	inda Sta	itutes.							
agent. I a	Signature, typed or printed name of registered agent a							en re	einstating) (১) (-)	DATE		
		and title it	f applicable. (NOTE		ed Ageni			nen re	einstating) 를 설명함 ADDITIONS/CHANGES TO C	DATE	ND DIREC	TORS IN 12
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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 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 changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

☐ DELETE

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90020 003 ***150.00

☐ Change

☐ Addition