

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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90008 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074287**

1. Corporation Name

ALLIED MARKETING ASSOCIATES, INC.



Principal Place of Business

**8910N DALE MABRY ROAD
SUITE 17
TAMPA FL 33614
US**

Mailing Address

**8910 N DAL MABRY RD
SUITE 17
TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

4. FEI Number

04-2813137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOURIE, JAMES H.

**8910 N DALE MABRY ROAD 8401 WEST MCNAB
SUITE 17
TAMPA FL 33614 TAMARAC, FL 33321**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D LOURIE, JAMES H**

STREET ADDRESS **8910 N DALE MABRY RD SUITE 17**

CITY-ST-ZIP **TAMPA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8401 WEST MCNAB
TAMARAC, FL 33321**

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/99 954-718-6001

CR2E034 (5/99)

0069715

Bruce R. Mathias, P.C.
Certified Public Accountant
Ten Laurel Avenue
Wellesley Hills, MA 02481

P94 0000174287
599607-90008-19

Telephone 781-237-3077

Fax 781-237-7887

July 22, 1999

Division of Corporations
Annual Report Filings
P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Allied Marketing Associates, Inc.
04-2813137

To the Florida Department of State,

This annual report was filed timely with a check for \$150.00. As we have received a second report to be filed, it is assumed that you did not receive the initial report. We are filing the second report with a check for \$150.00. We request that any penalty be abated since the original report was timely filed. A copy of the original report is enclosed. Please contact the undersigned if you have any questions.

Yours truly,


Bruce R. Mathias, P.C.