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PROFIT CORPORATION ANNUAL REPORT

1999

21130 NE 13FH AVE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000089490

21130 NE 19TH AVE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90004 003 ***150.00



SUCCESS COMPONENT MARKETING, INC. Principal Place of Business Mailing Address

(I BEACH FL 33179 NORTH WAM BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/09/1994 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business S4ME Not Applicable 5070 PERIGNON WAY 65-0545595 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing aเม6S Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Zin □No 306 30 Personal Property Tax. US A 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SPRAGUE, JAMES H 82 Street Address (P.O. Box Number is Not Acceptable) 21130 NE 19TH AVE NORTH MIAMI BEACH FL 33179 83 City Zip Code 84 85 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE ☐ Change 1.1 TITLE TITLE SPRAGUE, JAMES H 1.2 NAME NAME 21130 NE 19TH AVE 1.3 STREET ADDRESS STREET ADDRES NORTH-MIAMI-BEACH FL 33179 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME --NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 6.1 TITLE TITI F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplieriental 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 dilector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 13 if changes, or