

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 # P95000060244

1. Corporation Name

ASSOCIATED SALES AND MARKETING, INC.

Principal Place of Business

7000 SOUTHWEST 22ND COURT, SUITE 144
DAVIE FL 33317

Mailing Address

7000 SOUTHWEST 22ND COURT, SUITE 144
DAVIE FL 33317

2. Principal Place of Business

21 2269 S University Dr

Suite, Apt. #, etc.

22 #422

City & State

23 Davie Florida

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 2269 S University Dr

Suite, Apt. #, etc.

27 #422

City & State

28 Davie FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

CHERI-LYNN DIAMOND
7000 S.W. 22ND CT.
SUITE 144
DAVE FL 33317

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

65-0603342

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

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Yes

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No

10. Name and Address of New Registered Agent

81 Name

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

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84 City

85 Zip Code

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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

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME DIAMOND, CHERI-LYNN
STREET ADDRESS 7027 WEST BROWARD BOULEVARD, SUITE 189
CITY-ST-ZIP PLANTATION FL 33317

TITLE D
NAME DIAMOND, CHERI-LYNN
STREET ADDRESS 7027 WEST BROWARD BOULEVARD, SUITE 189
CITY-ST-ZIP PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90049 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)