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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

CUMENT #

1999

P95000066343

MERICAN DIVERSIFIED MARKETING ENTERPRISES, INC.

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90006 038 ***550.00





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I Place of Business Mailing Address									#4:00 11:11 #2500 HILL 1801
N.W. 52ND STREET 10877 N.W. 52ND STREET									
SUITE 6							DO NOT WITH	MITHE CDA	0 E
E FL 33351 SUNRISE FL 33351							DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPA	JE
							08/28/1995		
11. 15		0. 14=	lina Addinas				4. FEI Number		Applied For
apai P	face of Business		ling Address				65-0605005		Not Applicable
A-4	# 645	26	e, Apt, #, etc.				03 000000		8.75 Additional
e, Apt.	#, etc.	27	.e, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	Fee Required
& State City & State						6. Election Campaign Financing		5.00 May Be	
28						Trust Fund Contribution		Added to Fees	
	Country	Zip		Cou	intry		8. This corporation owes the current		
	25	29		30	·		Intangible Personal Property.	Ye:	s 🔲 No
	9. Name and Address of Curren		d Agent	[50]		·	10. Name and Address of New Reg	istered Agen	t
-					81	Name			
FRI	iedman, marc						70 0 5 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	<u> </u>	
10877 N.W. 52ND STREET					82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
SU	ITE 6				83		· · · · · · · · · · · · · · · · · · ·		
SU	NRISE FL 33351								
					84	City		FL 85	Zip Code
	1- 41	2 and 607 45	DO Elecido Statuto	s the ab		nomed come	ration submits this statement for the purp		un its registered
CALOF	registered agent or both in the State.	of Florida, S	uch change was a	authorized	d bv	the corporati	on's board of directors. I hereby accept t	he appointmer	it as registered
ent. I a	am familiar with, and accept the obliga	ations of, sec	tion 607.0505, Flo	rida Stat	tutes				
URE .			ale ale	TC: Daniele			uired when reinstating)	DATE	
	Signature, typed or printed name of registered agen OFFICERS AN			13.	Heu Aç	Jeur signature redi	ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
	P	D DIRECTO	DELETE	1.1 TO	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change Addition
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	TAMARAC FL 33321			1.4 CI 2.1 TF	TY-ST-	-212			hange Addition
ĺ	•		L_] DELETE	ı					narige Addition
ļ	FOREMAN, BRENDA	000		2.2 NA					
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·	TAMARAC FL 33321			2.4 CI		-ZIP			hange Addition
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<u></u>					T./ ^-	- I			1
			<u>Г</u>	3.4 CI		ZIP		· · ·	A d fix
			DELETE	3.4 C/ 4.1 TIT	TLE	ZIP	<u> </u>		hange Addition
		<u></u>	DELETE	3.4 C/ 4.1 TII 4.2 NA	TLE				hange Addition
ORESS			DELETE	3.4 C/ 4.1 TH 4.2 NA 4.3 ST	TLE AME REET	ADDRESS		 	hange Addition
DRESS				3.4 C/ 4.1 TIT 4.2 NA 4.3 ST 4.4 C/	TLE AME REET. TY-ST-	ADDRESS			
DRESS			DELETE	3.4 C/ 4.1 T/I 4.2 NA 4.3 ST 4.4 C/ 5.1 T/I	TLE AME REET TY-ST- TLE	ADDRESS			hange Addition
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DRESS DRESS				3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	TLE REET, TY-ST- TLE REET, REET,	ADDRESS ZIP			
•	•		DELETE	3.4 C/ 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH	TLE REET, TY-ST- TLE AME REET, TY-ST-	ADDRESS ZIP		c	hange Addition
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ereby 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 licated on this annual report or outpelemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 allock 12 or Block 13 if chapted, or on an attachment with an address.

NATURE: