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 # P95000090201

1. Corporation Name

SBM MARKETING CORP.

Principal Place	of Business	Mailing Address								
1674 CANOE CF	REEK ROAD	1674 CANOE CREEK ROAD								
OVIEDO FL 32766		OVIEDO FL 32766			DO NOT WRITE IN THIS SPACE					
						3	Date Incorporated or Qualifed			
						"	11/28/1995			ŧ
2 Oringinal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		A	pplied For
Z. Fillicipairi	ace of Business	26				"	59-3356429		<u> </u>	ot Applicable
Suite, Apt. :	tt etc	Suite, Apt. #, etc.				\neg				Additional
	-, Gto.	27				5.	Certifcate of Status Desired		•	equired
City & State			City & State			-	Election Campaign Financing		\$5.00	May Be
23	•	28				"	Trust Fund Contribution	□.		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible				
24	25	29			Personal Property Tax. ☐ Yes ☐ No					
.51	9. Name and Address of Current					10.	Name and Address of New Re	egistered A	gent	
				81 Na	ame					ì
MARI	CH, SCOTT		92 Street A			ddress (P.O. Box Number is Not Acceptable)				
1674	CANOE CREEK ROAD		82 Sti			iess (P	O. Box Number is Not Acceptat	ж		
OVIE	DO FL 32766		8							
			ſ	84 Ci	ty			FL	85 Zip	Code
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		bonging it	a registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	? and 607.1508, Florida Statute: of Florida, Such change was au	s, the ab thorized	ove-na by the	med corț corporati	poration ion's bo	n submits this statement for the part of the part of directors, I hereby accept	t the appoint	manging it	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statu	ites.	•					Ę
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered A	Agent sign	ature require	ed when n	einstating)	DATE		
12.	OFFICERS AND		13.			1. /	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 1111	LE	V	T			☐ Change	Addition
NAME	MARCH, SCOTT K		1.2 NAJ	ME						•
STREET ADDRESS	1674 CANOE CREEK ROAD		1.3 ST	REET ADD	RESS					Ì
CITY-ST-ZIP	OVIEDO FL 32766		1.4 CIT	Y-ST-ZIP						
TITLE	PS	☐ DELETE	2.1 1111				-		Change	☐ Addition
NAME	MARCH, BILLIE J		2.2 NA	ME						
STREET ADDRESS	1674 CANOE CREEK RD		2.3 ST	REET ADD	RESS					1
	OVIEDO FL			TY-ST-ZIP	I					
CITY-ST-ZIP			3.1 TIT						Change	☐ Addition
TITLE			3.2 NA						_	
NAME			1	ME REET ADD	DEGG					
STREET ADDRESS										
CITY-ST-ZIP		DELETE	3.4. CIT	TY-ST-ZIP					Change	Addition
TITLE		C Deterie	4. 2 NA							_
NAME					0000					
STREET ADORESS				REET ADD	ness					{
CITY-ST-ZIP		☐ DELETE	5.1 TIT	Y-ST-ZIP					☐ Change	Addition
TITLE		LJ DECETE	5.1 III							
NAME				ME REET ADD	PESS					}
STREET ADDRESS				IY-ST-ZIP						ļ
CITY-ST-ZIP		□ DELETE	6.1 TIT						Change	Addition
TITLE		☐ DELETE								
NAME			6.2 NA							ļ
STREET ADDRESS			1	REET ADD						Ì
CITY-ST-71P			6.4 CIT	ry-st-zip						

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:

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90071 023 ***150.00