

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096999 (4)

1. Corporation Name
D.L.D. MARKETING, INC.

Principal Place of Business

3789 GOLDEN POINTE DR
AVENTURA FL 33180

Mailing Address

3789 GOLDEN POINTE DR
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 19655 E COUNTRY CLUB DR	26 19655 E COUNTRY CLUB DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 505	27 505
City & State	City & State
23 AVENTURA FL	28 AVENTURA FL
Zip	Zip
24 33180	29 33180
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

12/26/1995

4. FEI Number

65-0637930

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 or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

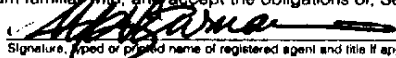
NEWMAN, MITCHELL
3789 GOLDEN POINTE DR
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
MITCHELL NEWMAN
82 Street Address (P.O. Box Number is Not Acceptable)
19655 E COUNTRY CLUB DR
83 #505
84 City
AVENTURA FL 85 Zip Code
33180

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)

4/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, MITCHELL	
STREET ADDRESS	3789 GOLDEN POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MITCHELL NEWMAN	
1.3 STREET ADDRESS	19655 E COUNTRY CLUB DR #505	
1.4 CITY-ST-ZIP	AVENTURA FL 33180	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

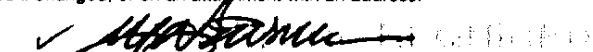
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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.

SIGNATURE:



4/10/98 305 606 6440

CR2E034 (10/97)