## 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 # **P96000022226**1. Corporation Name

MARKETING & CONSULTING INTERNATIONAL, INC.

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

05-01-1999 90023 019 \*\*\*150.00



Principal Place of Business Mailing Address					, the state of the same and the same same same same same same same sam				
6155 S. FLORIDA AVE STE. 7 6155 S. FLORIDA AVE STE. 7									
LAKELAND FL 3		LAKELAND FL 33813				DO NOT WRITE IN THIS SPACE			
	•								
	· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualife 03/12/1996			
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		Apı	olied For
21		26	26			59-3376005		No	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			E O IV I Charles Desired	- 🗆	\$8.75 A	dditional .	
22		27				5. Certifcate of Status Desired	· 🗀	Fee Re	quired
City & State	9	City &	State	<del> ==</del>		6. Election Campaign Financing		\$5.00	Mav Be
23		28				Trust Fund Contribution	'	Added to	
Zip	Country	Zip		Count	гу	8. This corporation owes the cu	rrent year Int	angible	
24	25	29	[3	30		Personal Property Tax.		☐ Yes	□No
===0	9. Name and Address of Current					10. Name and Address of New	Registered	Agent	
				8	1 Name				
	), roņald r				2 Street Addr	idress (P.O. Box Number is Not Acceptable)			
6155	S. FLORIDA AVE., STE. 7								ļ
LAKELAND FL 33813					3		· · · · · ·		
						<u> </u>		·	
			_	1	4 City		FL	85 Zip C	j
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State on fundiar with, and acceptane obligation	and 607:1588	Florida Statute:	s, the abo	ve-named corp	oration submits this statement for th	e purpose of	changing its	registered
office or re	egist/fred agent, or/both, in t/e State of	f Florida, Suct ons of Section	y∕change was aut n 607.0505. Florid	thorized t da Statut	by the corporations.	on's board of directors. I hereby acc	ept the appoi	Siment as rec	Jistered
	Maria III	11/				4-6		/	-
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable	e. (NOTE: F	Registered A	gent signature require	d when reinstating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTO	
TITLE	P		□ DELETE	1.1 TITL	: <b> </b>	•	,	Change	Addition
NAME	REED, RONALD R			1.2 NAM	E				
STREET ADDRESS	6155 S. FLORIDA AVE, #7	Park of the same		1.3 STR	ET ADDRESS			*	
CITY-ST-ZIP	LAKELAND FL	****		1.4 CITY	-ST-ZIP				
TITLE			☐ DELETE	2.1 TITL				☐ Change	☐ Addition
NAME				2.2 NAM	E	,			
STREET ADDRESS				2.3 STR	EET ADDRESS		-		
- '	*	•		-	'-ST-ZIP				
CITY-ST-ZIP TITLE			DELETE	3.1 TITL		<del></del>		Change	Addition
NAME :				3.2 NAM		•			. ]
				1	EET ADDRESS				
STREET ADDRESS				1	/-ST-ZIP				
CITY-ST-ZIP			☐ DELETE	4.1 TITL		10.10		Change	Addition
TITLE				4. 2 NA	1			_ •	
NAME	•				1				}
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP	<u> </u>		DELETE	_	-ST-ZIP			Change	Addition
TITLE			□ here ie	5.1 TITL 5.2 NAM	l l				
NAME	•					•			
STREET ADDRESS				•	EET ADDRESS	,			
CITY-ST-ZIP				_	-ST-ZIP			Change	Addition
TITLE			☐ DELETE	6.1 TITL				☐ Change	Addition }
NAME				6.2 NAM	Į.				
STREET ADDRESS				6.3 STR	EET ADORESS				1

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 comparation 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.