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 # P96000022419

1. Corporation Name

T.G. ROBERTS MARKETING, INC.

Principal Place of Business	Mailing Address
101 OCEAN LANE DRIVE. SUITE 107 KEY BISCAYE FL 33149	101 OCEAN LANE DRIVE, SUITE 107 KEY BISCAYE FL 33149

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90077 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						03/12/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied	For	
21		26				65-0649900 Not App	licable	
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Addition	,		
22	27			Fee Require	d			
City & State City & State				6. Election Campaign Financing \$5.00 May	8e			
23			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible	ļ	
24	25	29 3	0			Personal Property Tax.	0	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GOLD, ROBERT T 101 OCEAN LANE DR, STE 107 KEY BISCAYNE FL 33149				81 Name				
			82 Street Address (P.O. Box Number is Not Acceptable)					
				Street Address (F.O. Dox Northber is Not Acceptable)				
			Ī	83				
				-	0	OF L Zin Code		
				84	City	FL 85 Zip Code	İ	
11. Pursuant i	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the ab	ove	-named o	corporation submits this statement for the purpose of changing its regis	tered	
office or re	egistered agent, or both, in the State o	f Florida. Such change was autl	horized	by t	the corpo	poration's board of directors. I hereby accept the appointment as register	ed	
agent. i ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statu	ILES.			i	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered /	Agent	signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	N 12	
TITLE	PSD	☐ DELETE	1.1 TIT	LE		Change	Addition	
NAME	GOLD, ROBERT T		1.2 NA	ME			\	
STREET ADDRESS	101 COCAM LANG BODGE CHUTE 107		1.3 ST	REFT	ADDRESS			
CITY-ST-ZIP	WEN BIOGRAPH EL GOLLO		1.4 CIT		- '			
TITLE	V	☐ DELETE	2.1 TITI			☐ Change ☐	Addition	
NAME			2.2 NA	MF			J	
STREET ADDRESS					ADDRESS		ĺ	
CITY-ST-ZIP	MEN BIOGRAPH EL GALLA		2.4 QII					
TITLE			3.1 TIT			☐ Change ☐	Addition	
NAME	GOLD. ANITA C		3.2 NA					
	101 OCEAN LANE DRIVE, SUITI	E 107	•		ADDRESS			
STREET ADDRESS	KEY BISCAYE FL 33149	L 101	3.4. CI		1			
CITY-ST-ZIP TITLE			4.1 TIT		1-ZIP	Change	Addition	
NAME			4. 2 NA					
STREET ADDRESS				_	ADDRESS		l	
ì					- 1			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TIT		-ZIP	Change	Addition	
NAME			5.2 NA				ĺ	
					ADDRESS			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP TITLE		☐ DELETE				Change	Addition	
NAME			6.2 NA					
			1		ADDRESS			
STREET ADDRESS			6.4 CIT					
CITY-ST-ZIP	artifu that the information supplied with	this filing does not qualify for the				d in Section 119.07(3Vi). Florida Statutes. I further certify that the inform	ation	

indicated on this annual report or supplied with this him goes not qualify for the exemption stated in Section 119.07(3)(). Florida statutes, intrinser certify that the 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR