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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600027170

C. MARKETING, INC.

1. Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90038 045 ***150.00



Principal Place of Business Mailing Address										
407 LINCOLN ROAD STE 5-B 407 LINCOLN ROAD STE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			-B			DO NOT WRITE IN THI	S SPACE	<u> </u>		
						Date Incorporated or Qualifed]
						03/27/1996				
2. Principal Pla	ace of Business	2a. Mailing Address				FEI Number Applied For				
21		26				59-3369450	_ [_	Not	Applicable	
Suite, Apt. /	#, etc.	Suite, Apt #, etc	_			_	\$8.	75 Ac	dditional	
22		27				5. Certificate of Status Desired	Fe	ee Req	juired	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	Ad	ided to	Fees	
Zip	Country	Zıp	Cou	intry		8. This corporation owes the current year I		_	_	
24	25	29	30			Personal Property Tax.	Yes	, L	□No	-
	9 Name and Address of Curre	nt Registered Agent		-		10. Name and Address of New Registere	1 Agent			1
DD)T	0 1140 0			81	Name					
	O, LUIS G			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		-		
	LINCOLN ROAD STE 5-B			<u></u> .						
MIAN	11 BEACH FL 33139			83						
				841	City		85	Zip Co	ode	1
				! I	·	F				
office or re agent. I ar	o the provisions of Sections 607 Unlegistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was au	thorized	d by t	he corporation	ration submits this statement for the purpose of solutions of directors. I hereby accept the app	ointment :	as regi	istered	
SIGNATURE	Signature, typed or printed name of recessived age	ent and title if applicable (NOTE	Re pstered	Agent	signature required	when reinstating) OATE				<u>ءَ</u> [
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A				٤
TITLE	PSTD	☐ DELETE	1170	Tt E			Cha	ange	Addition	1
NAME	COLLINS, DIANA		1 2 N	AME						3
STREET ADDRESS	110 RUBERIA AVENUE		1351	TREET	ADDRESS					[
CITY-ST-ZIP	PENSACOLA FL 32507_		14 CITY-		ZiP] [
TITLE	VD	☐ DELE"E	2110	TLE			Cha	ange	☐ A∄dition	(
NAME	COBIA, GEORGE		22 N	AME						
STREET ADDRESS	110 RUBERIA AVENUE		23.51	TREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32507		2 4 C	ITY-ST	- ZIP					
TITLE		DELETE.	3 , 1,	· F			☐] Cha	ange	Addition	
NAME			32 N	AMĒ	1					
STREET ADDRESS			335	TREET	ADDRESS CA					
CITY-ST-ZIP			34 C	HY-ST	- ZIP					
TITLE		☐ DELETE	4 : 11	TLE			[] Cha	ange	Addition	
NAME			4 2 N	IAME						
STREET ADDRESS			435	TREET	ADDRESS					
CITY-ST-ZIP			44 CI	ITY-ST	ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	[] DELETE	5 : TI	TLE		-	☐ Cha	ange	Addition	
NAME			5 2 N/	AME						
STREET ADDRESS			5381	TREET	ADDRESS					
CITY-ST-ZIP			5 4 CI	ITY-ST	ZIP					
TITLE		DELETE	61.11	ſĮΕ	_		Cha	ange	Addition	
NAME			62 N	AME						
STREET ADDRESS			63 S1	TREET	ADDRESS					
CITY-ST-ZIP			64 CI	ITY-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.

1) AND M. COLLING AND TYPED OF WINTED NAME OF SIGNING OFFICER OR DIRECTOR