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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FILED Apr 27, 1999 8:00 am Secretary of State

	JAL REPORT 🖟 1999		Secretary of State DIVISION OF CORPORATIONS			04-27-1999 90090 010 ***150.00		
	MENT # P9600	0036915						
1. Corporation		00000						
THE MA	RKETING STAFF,	INC.		-				
Principal Place	e of Business	Mailin	g Address					
9522 M	ariner's Cove La	ane						
Fort M	yers, FL 33919					DO NOT WRITE II	THIS SPACE	
	•					3. Date Incorporated or Qualifed		
		7.30.40	-W Add			04/29/96 4. FEI Number	T-T-A	pplied For
	lace of Business	26 M	ailing Address			65-0672194	<u> </u>	ot Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.	········		5. Certificate of Status Desired	, ,	Additional
22		27					ree K	equired
City & Stat	e	28	ty & State	•		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		Count	try	8. This corporation owes the current		_
24	25	29		30		Personal Property Tax.	XIXI Yes	No
	9. Name and Address o	f Current Registere	ed Agent		1 Name	10. Name and Address of New Reg	istered Agent	
BEΔĽ.T.	KENNETH C.				.	10.0 C. Newber in New Assessments	<u> </u>	
	ARINER'S COVE L	ANE		1	32 Street Ad	dress (P.O. Box Number is Not Acceptable	, 	
FORT MYERS, FL 33919				1	33			
				1	34 City		85 Zip	Code
	the sections	607 0502 and 607 1	1508 Florida Statute	es the abo	ove-named co	rporation submits this statement for the pur	pose of changing if	s registered
	egistered agent, or both, in the familiar with, and accept the					ation's board of directors. I hereby accept the	ne appointment as i	egisterec
1 .						<u> </u>	DATE	
SIGNATURE	Signature, typed or printer name of reg		ticable. (NOTE	Penislered &	and sinceture race			
		COC AND DIDECT			gent signature requ			ORS IN 12
12.		ERS AND DIRECT		13.	<u> </u>	uired when reinstituting) ADDITIONS/CHANGES TO OFFICE		
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	D/P/S/T Beall, Kenneth 9522 Mariner's	C. Cove Lane	ORS	13. 1.1 TITL 1.2 NAM	E T		ERS AND DIRECT	
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I nevery certify that the information application application is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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:

PRESIDENT

(941)437--2272

Dale