## R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000040326

C2C MARKETING, INC.

Principal Place of Business

Mailing Address

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90061 018 \*\*\*150.00



1068 N.W. 25TH TERRACE BOCA RATON FL 33434		3088 N.W. 25TH TERRACE BOCA RATON FL 33434			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
					05/06/1996	
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
2. Fillicipal Fil	ace of Dusiness	26			65-0671885 Not Applica	
Suite, Apt. 3	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	.,	27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State	* ***	<del></del>	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81	No.	10. Name and Address of New Registered Agent	
TCO)	WILLIGER, THEODORE		81	Name		
			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	N.W. 25TH TERRACE A RATON FL 33434		-	ļ		
BUU	A RATON FL 33434		83			
•		'	84	City	FL 85 Zip Code	
77 7 6	·			<u>L</u>	poration submits this statement for the purpose of changing its registered	
SIGNATURE	m familiar with, and accept the obligation of the state o	Servission.			on's board of directors. I hereby accept the appointment as registered    1-4-99	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Add	
NAME	TERWILLIGER, THEODORE		1.2 NAME			
STREET ADDRESS	3088 N.W. 25TH TERRACE		1.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY- S	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	
NAME	TERWILLIGER, ELHAN		2.2 NAME			
STREET ADDRESS	3088 N.W. 25TH TERRACE		2.3 STREE	TADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		2. 4 CITY-1	ST-ZIP	Chann DAd	
TITLE	1915 1.75 - 1,77 s	☐ DELETE	3.1 TITLE		☐ Change ☐ Ad	
NAME (***)			3.2 NAME	!		
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	☐ Change :: DAd	
TITLE		☐ DELETE	4.1 TITLE		∑ Cloude State	
NAME .			4, 2 NAME			
STREET ADDRESS				T ADDRÉSS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	☐ Change ☐ Ad	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		_ Strange	
NAME '			4	T ADDRESS		
STREET ADDRESS	l D		i .			
CITY-ST-ZIP	Total Control of the	□ DELETE	5.4 CITY-5 6.1 TITLE	31-ZIP	☐ Change ☐ Ad	
TIFLE		☐ DELETE	6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREE	ET ADORESS		

14. 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.

**SIGNATURE** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 (561) 482-7100

:R2E034 (11/98)

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