PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600060660

<ol> <li>Corporation</li> </ol>	REAM MARKETING, INC.	060660					
Principal Place of Business Mailing Address					I IMBIIANI 118 INTIN BITEL MOTEL MAINT MAINT MAINT	. 81111 88118 81118	#1144 #WIT 1WE
13747 EAGLES WALK DR CLEARWATER FL 34622 US		13747 EAGLES WALK DR. CLEARWATER FL 34622 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/19/1996			
2 Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number	Ap	plied For
21	26				59-3396928	1 1	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	·	City & State	City & State		- Floring Constitution		
<del></del>	7			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			
Zip	ip Country Zip Cou			untry  8. This corporation owes the current year Intangible			
24	25	29 30	٠ -	•	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren				10. Name and Address of New Registered	d Agent	
			81	Name	:	•	
DANIEL L. HUNTINGTON 13747 EAGLE WALK DR CLEARWATER FL 33134			82	Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
				**			
			83	}			
			84	City	F	85 Zip (	Code
office or r	egistered agent, or both, in the State of familiar with, and accept the obligated in the state of the obligated of printed name of registered agents.	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by Statutes	r the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appearance of the purpose of t	pintment as reg	gistered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HUNTINGTON, DANIEL L		1.2 NAME				
STREET ADDRESS	701 11 E 10 E 17 10 11		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		C) pereic	3.1 NAME		·	( onenge	
NAME etheet address				T ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	0)-21		☐ Change	☐ Addition
NAME			4. 2 NAME	:			
STREET ADDRESS				TADDRESS			Ì
CITY-ST-ZIP	•		4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	1	·	☐ Change	Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	ET ADDRÉSS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		□ DELETE	6.1 TITLE			☐ Change	☐ Addition

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 erypowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

34-12-99

727/57/12

Daytime Phone

1

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90127 007 \*\*\*150.00

CR2E034 (11/98). -