**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600063259

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90043 048 \*\*\*150.00

A.B.I. M	ARKETING, INC.							
Principal Plac	e of Business	Mailing Addre	ss			יונאס ונוסס נווסם וונסס ונווס פוופן סוג וסקוומסני ז	i <b>B</b> er <b>de entre</b> 11 <b>2</b>	ופפו וופו קווק ופו
						į.		
2340 STATE RD 580 SUITE B CLEARWATER FL 34623 CLEARWATER FL 34623 CLEARWATER FL 34623								
QUARTETTE STORY						DO NOT WRITE IN THE	SPACE_	
						3. Date Incorporated or Qualifed		}
						07/26/1996		
2. Principal P	lace of Business	2a. Mailing Ac	Idress			4. FEI Number		Applied For
21	ي منهجه ي د يدور	26		·	***	59-3389462		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	_	27				5. Certificate (il Status Desireo	Fee	Required
City & Stat	e	City & Sta	te			6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		Country	7	8. This corporation owes the current year Ir	itangible	_
24	25	29	30	o		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curren	t Registered Ager	nt			10. Name and Address of New Registered	Agent	
				81	Name			}
HERRON, JAMES M JR				82 Street		dress (P.O. Box Number is Not Acceptable)		
	STATE RD 580 SUITE B			"	Cucorna			
CLE	ARWATER FL 34623			83				
				<u> </u>	<u> </u>			p Code
				84	City	· FI	_ \85\ Zi	p code
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: Re	ngistered Age	nt signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	DP		DELETE	1.1 TITLE			Change	e Addition
NAME	HERRON, JAMES M JR			1.2 NAME				
STREET ADDRESS	2340 STATE RD 580 SUITE B			1.3 STREE	T ADDRESS			}
C(TY-ST-ZIP	CLEARWATER FL 34623			1.4 CITY-S	ST-ZIP			
TITLE			DELETE	2.1 TITLE			Change	e Addition
NAME				2.2 NAME				
STREET ADORESS			•	2.3 STREE	T ADDRESS	, <del></del> .	- '	- [
CITY-ST-ZIP	}			2.4 CITY-5	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	e Addition
NAME				3.2 NAME	}			)
STREET ADDRESS				3.3 STREE	T ADDRESS			1
C/TY-ST-ZIP				3,4, CITY-5	ST-ZIP			
TITLE		Ē	DELETE	4.1 TITLE			Chang	e 🔲 Addition
NAME				4. 2 NAME	1	·		<b>\</b>
STREET ADDRESS				4.3 STREE	T ADDRESS			J
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP	_		}
TITLE			DELETE	5.1 TTTLE			Change	e Addition
NAME				5.2 NAME	-			- }
STREET ADDRESS				5.3 STREE	TADORESS			.
CITY-ST-ZIP	ļ			5.4 CITY-S	ST-ZIP			
TITLE			DELETE	6.1 TITLE			Change	je ☐ Addition
NAME				6.2 NAME	[			Į
STREET ADDRESS	J			6.3 STREE	TADDRESS			
CITY-ST-ZIP				6.4 CITY-S	ST-ZIP			İ

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 fedeiver 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 the anadometry in an address, with all other like empowered.

SIGNATURE: