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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthany

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065690 (5)

PROMOTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

4081 TAMIAMI TRAIL NO STE C-201 NAPLES FL 34103

Block 12 or Block 13 if ch

on an attachment with an address.

4081 TAMIAMI TRAIL NO STE C-201 NAPLES FL 34103

FILED Mar 09 1998 8:00am Secretary of State



2/2/90

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For aujani Tr N 59-3395154 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 X Yes 24 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONNORS, MICHAEL J 24710 SWEET GUM COURT 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 34134** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE **PVST** 1.1 TITLE Change Addition NAME CONNORS, MICHAEL J 1.2 NAME 24712 Hollybrier Lane Warles IFL 34134 STREET ADDRESS 24710 SWEET GUM COURT 1.3 STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TIFLE Addition TITL F NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TETLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - 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 copie from or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in