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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

PD

IZQUIERDO, AMAURY

WESTON FL 33331

3681 HERON RIDGE LN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DOCUMENT # **P96000066124**

A & M MARKETING AND PHLEBOTOMY INC.						
Principal Place of Business		Mailing Address				
3681 HERON RIDGE LN WESTON FL 33331		3681 HERON RIDGE LN WESTON FL 33331				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/08/1996
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 65-0687434
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8. Fe
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution Ad
	Country	Zip 29	Count	try		8. This corporation owes the current year Intangible Personal Property Tax.
	Address of Current F	<u> </u>	1001	_		10. Name and Address of New Registered Agent
IZQUIERDO, AMAU				31	Name	
3681 HERON RIDG			8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)
WESTON FL 33331	l	/	8	33		
	7)	-h		34	City	FL 85
1 /	of Sections 807.0502 or both, in the State of and accept the obligation	and 607.1508, Florida Stati Florida. Such change was ns of Section 607.0505, Fl	utes, the abo authorized b lorida Statut	ove by t	-named corpo he corporation	ration submits this statement for the purpose of changin's board of directors. I hereby accept the appointment 03-05/99
SIGNATURE Signature, typed or pri	inted pame of equatores agent a	nd title if applicable (NOT	TE. Registered A	gent	signature required	when reinstating) DATE
12.	AFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90187 024 ***158.75

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				3.		ncorporate 8/1996	ed or Q	ualifed					
2a. Mailing Address				4	FEI N						$^{-}$ T	App	lied For
				"		687434			/	/ .	F		Applicable
26 Suite, Apt. #, etc.				5.		cate of Sta	atus Des	sired	M				dditional
City & State				6.		on Campa Fund Con	•	_				.00 h ded to	May Be Fees
Zip	Cour	ntry		8.		orporation			ent yea				_
29	30					nal Proper					☐ Ye	s I	□No
nt Registered Agent	·			10.	Name	and Add	iress of	New F	legist <u>e</u>	red A	gent		
		81	Name										
		82	Street A	ddress (I	O. Bo	x Number	is Not	Accepta	ible)				
/		83											
-h		84	City							FĹ	85	Zip C	
72 and 607.1508, Fjorida Stat of Florida. Such charge was ations of, Section 607.0505, Fi	ites, the al authorized orida Statu	bove by t utes.	-named co the corpor	orporatio ation's b	n subm oard of	nits this sta directors.	atement I hereb	for the y accer	purpos of the a	e of c ppoint $\sqrt{g^a}$	hangi ment 7	ng its i as reg	egistered istered
	E. Registered	Agen	t signature req	-			•		DAT	Ε			
D DIRECTORS	13.				ADDIT	IONS/CHA	NGES	TO OF	FICER	SAND			
☐ DELETE	1.1 TFI	rle									CI	ange	☐ Addition
	1.2 NA	ME											
/	13.ST	REET	ADDRESS								٠.		
/	1.4 CF						÷						
	2.1 TR		-20								□ CI	ange	Addition
	2.2 NA										_	_	
	- 1		ADDRESS					•					
[] per exc	2.4 C		T-ZIP		-			,		-	<u> </u>	nange	Addition
☐ DELETE	3.1 11										۳۰	lange	
	3.2 NA												
			ADDRESS					:					
	3.4. C		T- ZIP								ГТС	nanna	☐ Addition
☐ DELETE	4 1 TF											lange	
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	4.3 ST	REET	ADDRESS										
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	5.2 N/								;				*
	5.3 ST	REET	ADDRESS										
	5.4 Cf	TY-S1	-ZIP										
☐ DELETE	6.1 Tr	TLE		_								nange	☐ Addition
	6.2 N	WE											

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 suppliemental annual report is true and accurate and that my signifying 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

03-05/99

954) 963 8080