1999

1. Corporation Name



DOCUMENT # P96000068474

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90095 037 ***150.00

COSTAT	MARKETING, INC									
Principal Place	e of Business	Mailing Address				┪	f #0041004 træ (0410 04114 04111 40	itt Butt Aufg		
	WAY 19 NORTH	14100 US HIGHWAY 19	9 NORTH							
#118		#118			•				00467	
CLEARWATER FL 34624 CLEARWATER FL 34624		4	•			DO NOT WRI	TE IN THIS	SPACE		
	•					0	8/15/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				1	El Number			pplied For
21	`	26				<u> </u>	9-3390281			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. C	Certificate of Status Desired		•	Additional
22	<u> </u>	27				+				equired
City & State	te ·	City & State					lection Campaign Financing		,	May Be
23		28 7in		unt= :		_	rust Fund Contribution			to Fees
— Zip —¬	Country	Zip		untry		1	his corporation owes the curr	rent year Int	angible □ Yes	□No
24	25	29	30	т —			ersonal Property Tax. lame and Address of New I	Registered		
r	9. Name and Address of Curre	ur vedistalen Adeut		81	Name	10. 11	turne and radioso of 116W I		5	_
	TA, GIUSEPPE L									
	00 US HIGHWAY 19 NORTH			82	Street Addre	ess (P.C). Box Number is Not Accepta	able)		
#118				83						
	ARWATER FL 34624			3			<u> </u>			
				84	City			FL	85 Zip	Code
				- r - i -					• 	s ranistered
	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the	above-	named corpo	oration s	submits this statement for the	purpose of	cnanging it	, rogiotoro
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	a of Fiorida. Such change w	as autnonze	ea dv ir	named corporation	oration s on's <u>b</u> oar	submits this statement for the rd of directors. I hereby accep	bt tile appoi	intment as n	agisfered
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C/TY-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 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:

727524-3366