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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072753 (2)

STAT MARKETING, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			ı indiliğin ilê iğili dili	ı anın Baklı Saklı Bö	ini dhala 1584 1880 Ai	AUU 1401 1091	
10018 W MCA TAMARAC FL		10018 W MCNAB RD TAMARAC FL 33321				NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated of 08/29/1996	r Qualified]
2. Principal Pl	ace of Business	2a. Mading Address			4. FEI Number		- I Ar	pplied For	1
27 (1408 NW 19 DA. 28 11408 NU				19 Dr.	65-0692942		 	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, otc. 22				4-1	5. Certificate of Status	Desired	\$8.75	\$8.75 Additional Fee Required	
City & State Const Springs Fl 28 Const Springs				55 F1	6. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees]
Zip	Country	7p 7001		n Iry	8. This corporation ow		e current year in	tangible	
24 530	9. Name and Address of Currer	129 550 / L	30	Drowan	Personal Property T 10, Name and Address			No	\dashv
CNI	EIDER, GLENN J	A Hogistereo Agent		81 Name	1 / 4 / //	T			1
	NE 91 ST			20 3	HANOIU	PAIER	SMAN		1
	MI SHORES FL 33138			82 Street Add	ress (P.O. Box Number is N	or Acceptable)			
				83					1
				84 City			QE Zin	Code	4
				COM	LAI SPRIN			307(
11. Pursuant i	o the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607,1508, Florida Statute of Florida, Such change was a	es, the al	bove-named cord	poration submits this statem	ent for the purposereby accept the	ose of changing in a special contract of changing in the contract of the contr	ts registered registered]
agent la	egistered agent, or both, of the State in familiar with, and account the othig	11 ~ / //					العجاث	ČV	l
SIGNATURE	Signature typed or printed name of registered age	—— MANOIU		IEDMAn			Y J J Y I	70	1_
12.		D DIRECTORS	13.	and to do	ADDITIONS/CHANGE			RS IN 12	ďβ
TITLE	P	DELETE	1.1 TC	TLE			Change	Addition	18
NAME	FRIEDMAN, JANET		1.2 N	AME					2
STREET ADDRESS	11408 NW 19 DR		1.3 51	TREET ADDRESS					Ü
CITY-ST-ZIP	CORAL SPGS FL		1.4 CI	TY-ST-ZIP					ؤلًا
TOTLE	VP	☐ DELETE	2.1 TI	ſ			☐ Change	Addition	1
NAME	FRIEDMAN, HAROLD		2.2 N	i					1
STREET ADDRESS	11408 NW 19 DR			IREET ADDRESS					
CITY-ST-ZIP TITLE	CORAL SPRINGS FL	DELETE	2. 4 C 3.1 TI	TITY-ST-ZIP			Change	Addition	4
NAME		L'I MILLI	3.1 N				change	[_] Addition	
STREET ADDRESS				IREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP					
TITLE		DELETE	417				☐ Change	Addition	1
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET ADDRESS					1
CITY-ST-ZIP			4.4 Q	ITY-ST-ZIP			_		J
THILE		DELETE	5.1 TI	TLE			Change	☐ Addition]
NAME			5.2 N	AME .					
STREET ADDRESS			5.3 \$1	TREET ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					1
TITLE		☐ DELETE	6.1 Ti				☐ Change	Addition	
NAME			6.2 N						ĺ
STREET ADDRESS			6.3 ST	TREET ADDRESS					
CITY - ST - ZIP		Sats the last time and the same		ITY-ST-ZIP	O-16- 110 0-10-10	Contract			4
14. I hereby o	ertify that the information supplied w	into this filing does not qualify fo	or the exe	emption stated in	i Section 119.07(3)(i), Florid	a Statutes. I furth	ner certify that the	a information	1

and accurate and that my signature shall have the same legal effect as it made under oath, that I am all wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in iss.