

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90078 009 ***150.00

DOCUMENT # P96000079391

1. Corporation Name
ORACLE MARKETING, INC.

Principal Place of Business

~~4175 EAST BAY DR~~
~~STE 102~~
~~CLEARWATER FL 33764~~
US

Mailing Address

~~4175 EAST BAY DR~~
~~STE 102~~
~~CLEARWATER FL 33764~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3403345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 13799 Park Blvd N

Suite, Apt. #, etc.

22 #131

City & State

23 Seminole FL

Zip

24 33776

Country

25 USA

2a. Mailing Address

26 13799 Park Blvd N

Suite, Apt. #, etc.

27 #131

City & State

28 Seminole FL

Zip

29 33776

Country

30 US

9. Name and Address of Current Registered Agent

SINCLAIR, MONICA

~~4175 EAST BAY DR~~

~~STE 102~~

~~CLEARWATER FL 33764~~

10. Name and Address of New Registered Agent

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

17390 Rosalee Way

83

84 City

N Redington Bch

FL

85 Zip Code

33706

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SINCLAIR, MONICA

STREET ADDRESS ~~4175 EAST BAY DR #102~~

CITY-ST-ZIP CLEARWATER FL 33764

TITLE S ☐ DELETE

NAME HASTIE, DENISE

STREET ADDRESS ~~4175 EAST BAY DR #102~~

CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13799 Park Blvd N #131

1.4 CITY-ST-ZIP Seminole, FL 33776

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 13799 Park Blvd N #131

2.4 CITY-ST-ZIP Seminole, FL 33776

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Denise Hastie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(77) 415-7285

Daytime Phone #

CR2E034 (11/98)

0422223