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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90078 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business
 21 **13799 Park Blvd N**
 Suite, Apt. #, etc.
 22 **#131**
 City & State
 23 **Seminole FL**
 Zip Country
 24 **33776** 25 **USA**

2a. Mailing Address
 26 **13799 Park Blvd N**
 Suite, Apt. #, etc.
 27 **#131**
 City & State
 28 **Seminole FL**
 Zip Country
 29 **33776** 30 **US**

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 Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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	<input type="checkbox"/> DELETE
NAME	SINCLAIR, MONICA	
STREET ADDRESS	4175 EAST BAY DR #102	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASTIE, DENISE	
STREET ADDRESS	4175 EAST BAY DR #102	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13799 Park Blvd N #131
1.4 CITY-ST-ZIP	Seminole, FL 33776
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13799 Park Blvd N #131
2.4 CITY-ST-ZIP	Seminole, FL 33776
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **Denise Hastie** 4/30/99 (707) 415-7285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)