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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000099387

1. Corporation Name

CORVEST PROMOTIONAL PRODUCTS, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DR., STE. 800  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR., STE. 800  
MIAMI FL 33133

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

KLEIN, PETER W

2665 SOUTH BAYSHORE DR., STE. 800  
MIAMI FL 33133

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

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

83

84 City

FL 85 Zip Code

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 this, if applicable

(NOTE: Registered Agent signature required when a new change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KLEIN, PETER W.

STREET ADDRESS

2665 S BAYSHORE DR STE 800

CITY-ST-ZIP

MIAMI FL

TITLE

AS

NAME

KUFFNER, MARILYN D.

STREET ADDRESS

2665 S BAYSHORE DR STE 800

CITY-ST-ZIP

MIAMI FL

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

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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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 any attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 FEB 23 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0728840

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

10. Name and Address of New Registered Agent

0270538

CR2E034 (11/98)



2

ACCOUNT NO. : 072100000032

REFERENCE : 144381 4371937

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 167.50

ORDER DATE : February 23, 1999

ORDER TIME : 2:01 PM

ORDER NO. : 144381-020

CUSTOMER NO: 4371937

CUSTOMER: Ms. Esther S. Hellwig  
Trivest, Inc.  
2665 S. Bayshore Drive  
Suite #800  
Miami, FL 33133

ANNUAL REPORT FILING

NAME: CORVEST PROMOTIONAL PRODUCTS,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

       PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

99 FEB 23 PM 3:15  
DIVISION OF CORPORATION