PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90022 006 ***150.00

DOCUMENT # P96000100976

BONNIE	& CLYDE MARKETING, INC	;.		_						
Principal Place	e of Business	Mailing Address				I I MANICAL ING MANIC CANAL GRAVE A				
3500 GALT OCI		3500 GALT OCEAN DRIVE								
SUITE 2917		SUITE 2917				BO 11071117		CDACE		
ft lauderoal	E FL 33308	FT LAUDERDALE FL 33308			<u> </u>		RITE IN THIS	SPACE	1	1
						Date Incorporated or Qualifer	u			
						01/02/1997 FEI Number		1 LAC	plied For	}
	Place of Business	2a. Mailing Address			1				ot Applicable	1
21	-	26				65-0714304				1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 / Fee Re		
22		27							-	1
City & Stat	te	City & State				Election Campaign Financing		\$5.00 Added I		
23		28				Trust Fund Contribution			O rees ,_	ł
[Zip	Country	Zio	Coun	try		This corporation owes the cu	irrent year int	angible Yes	MO	
24	25		30	_		Personal Property Tax. Name and Address of New	Panistand		<u></u>	1
<u> </u>	9. Name and Address of Current	t Registered Agent	- +.	B1 Name	10.	Maine and Address of New	. Legismica	-Agin		1
AL	FILAWYER CHARTERED		l'	EL INSTITUTE]
			ļī	82 Street A	Address (P.	O. Box Number is Not Accep	ptable)			
	ALMERIA AVENUE		Ĺ							1
j COH	VAL GABLES FL 33134		1	B3						
			ļ.	B4 City				85 Zip	Code	1
								حاسات	•	1 -
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate	2 and 607.1508. Florida Statute of Florida. Such change was au ions of, Section 607.0505. Flori	s, the about thorized ida Statut	-	corporation eration's bos	submits this statement for the ard of directors. I hereby acc	FL ne purpose of cept the appoi	changing its nument as re	registered gistered	
11. Pursuant office or r agent, I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agent			-	quired when rei	instating)	ne purpose of cept the appoi			(8)
1	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:	Registered A	gve-named oby the corporates.	quired when rei		ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE:	Registered A	gve-named oby the corporates.	quired when rei	instating)	ne purpose of cept the appoi			1 (11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:	13. 1.1 TITL	ove-named oby the corporates.	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	034 (11/98)
SIGNATURE 12.	Signature, typed or printed name of regulared agent OFFICERS AND	and title if applicable. (NOTE:	13. 1.1 TITL	gva-named of by the corporates. gent signature re	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PTD ARBESFELD, BARBARA K	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	ove-named oby the corporates.	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANY PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE	and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STR	Overnamed of by the corporate of the cor	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 14 CITY	Overnamed of by the corporation of the corporation	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAW	Overnamed of by the corporation of the corporation	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD ARBESFELD, MEL	and late of applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	Overnamed of by the corporation of the corporation	quired when rei	instating)	ne purpose of cept the appoi	iD DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD ARBESFELD, MEL 3500 GALT OCEAN DRIVE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	OVERNAME OF COMPONING STATES OF COMPONING STAT	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD ARBESFELD, MEL 3500 GALT OCEAN DRIVE	and late of applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITH 2.2 NAM 2.3 STR 2.4 CITH 2.4 CITH 2.5 STR 2.4 CITH 2.5 STR 2.4 CITH 2.5 STR	OVE-named of by the corporate of the cor	quired when rei	instating)	ne purpose of cept the appoi	iD DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD ARBESFELD, MEL 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	and late of applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 14 CIT) 22 NAM 23 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR	OVE-named of by the corporate of the cor	quired when rei	instating)	ne purpose of cept the appoi	ID DIRECTO Change Change	ORS IN 12 Addition Addition Addition	3
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PTD ARBESFELD, BARBARA K 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 SVD ARBESFELD, MEL 3500 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	and inte of applicable. (NOTE: 1) D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.5 TR 3.5 TR 3.4 CIT 3.5 TR 3	GOVERNAME OF COMPONIES. GOVERNAME OF COMPONIE	equired when rei	insisting) DDITIONS/CHANGES TO C	ne purpose of cept the appoi	ID DIRECTO Change Change	ORS IN 12 Addition Addition Addition	3
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14. 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 feedback 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 open an address, with all other like empowered.

CITY-ST-ZIP