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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700001755 1. Corporation Name

PROMOTIONAL EVENTS, INC.

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90063 004 ***150.00



Principal Place of Business Mailing Address					- : 4 JOTHURA IAI	6 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NA ROW OR	IL MAINI SIANI IN	DBN BRION ONN HOUR	
PO BOX 1584 PO BOX 1584							•			
PLAM HARBO		PLAM HARBOR FL 3468	2	•					•	
							DO NOT WRI	TE IN THI	IS SPACE	
		•				3. Date Incorpora	ted or Qualifed			
		•				01/06/1997	•			
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number				Applied For
21		26				59-3422808	1			Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.								Additional
22		27				5. Certifcate of St.	atus Desired			Required
City & Sta	ate	City & State			- 2"	6. Election Campa	ian Financina		\$5.00	0 May Be
23 28						Trust Fund Cor				u may be I to Fees
Zip	Country .	Zip	Coun	try				ent vear b		10100
24	25 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					□No
	9. Name and Address of Curren					10. Name and Add		Registered		
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BAF	RTLETT, JENNIFER K							<u>.</u>	:	
622	N MAYO STREET		18	Stre	et Addres	is (P.O. Box Number	•	. *	4	,
PO	BOX 1584		5	3		1,444,542 (A	Parel Mark Services	The state of the s	Marke Latting	Garden St.
. PAL	JM HARBOR FL 34682		`	~						
	•		. 8	4 City		17 11 17				Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida, Such change was authorized by the corpagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								<u>FL</u>		
office or	registered agent, or both, in the State of	z and 607.1508, Florida Stat of Alorida: Such change was	lutes, the abo authorized b	ve-nam	ed corporation	ation submits this sta is board of directors	stement for the	purpose o	of changing it	s registered
agent. I a	am familiar with, and accept the obligat	iørs of Section 607.0505, F	lorida Statute	es.	.,		1	\ \ \ -	on another as t	ogistored
		1/1/					. th	r KJO		
SIGNATURE		1/ 4					111	1121		
	Signature, typed or printed name of resistered agent		TE: Registered Ag	ent signatu	w beniupen en		7.11	DATE		
12.	Signature, typed or printed name of resistered agent OFFICERS ANI	D DIRECTORS	13.		re required w	ADDITIONS/CHA	NGES TO OF	DATE ICERS A		
12.	Signature, typed or printed name of redistered agent OFFICERS AND		13. 1.1 TITLE		ire required w		NGES TO OFF	DATE ICERS A	ND DIRECT	
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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 brush attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP