

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  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90132 004 \*\*\*150.00

DOCUMENT # P97000014598

1. Corporation Name

PAB SALES & MARKETING STRATEGIES, INC.

Principal Place of Business

319 176TH AVE CIRCLE  
REDINGTON SHORES FL 33708  
US

Mailing Address

319 176TH AVE CIRCLE  
REDINGTON SHORES FL 33708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

59-3429865

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

319 176th Ave Same

2a. Mailing Address

319 176th Ave Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

33708

Country

FL

Zip

33708

Country

FL

9. Name and Address of Current Registered Agent

BICIOTTI, PATSY A  
319 176TH AVE CIRCLE  
REDINGTON SHORES FL

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (11/98)