

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90067 004 ***150.00

DOCUMENT # P 97000024133 (5)

1. Corporation Name

DUAL MARKETING INC

325910 - 90067 - 4

Principal Place of Business

Mailing Address

850 PARK SHORE DRIVE STE 203
NAPLES FL 34103

850 PARK SHORE DRIVE STE 203
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/97

4. FEI Number

65-0791327

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

2a. Mailing Address

21 1278 SANDCASTLE ROAD

26 1278 SANDCASTLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SANIBEL FL

Zip Country

24 33957

25

27 City & State

28 SANIBEL FL

Zip Country

29 33957

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITELAW JENNIFER L
850 PARK SHORE DRIVE STE 203
NAPLES FL 34103

81 Name

TAICHNAR A. RONALD

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

1702 SAND PEBBLE WAY

83

84 City

SANIBEL

FL

85 Zip Code

33957

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: A. RONALD TAICHNAR A. Ronald Taichnar CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, STEPHEN J	
STREET ADDRESS	1278 SANDCASTLE ROAD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, CHARLYNN K	
STREET ADDRESS	1278 SANDCASTLE ROAD	
CITY-ST-ZIP	SANIBEL FL 33957	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: Stephen J. Alexander Stephen J. Alexander 3-23-99 9413959203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)