

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

DOCUMENT # P97000027512

1. Corporation Name
CAPITAL MARKETING & PROMOTIONS, INC.

Principal Place of Business

4200 N.W. 16TH STREET
SUITE 303B
LAUDERHILL FL 33313

Mailing Address

4200 N.W. 16TH STREET
SUITE 303B
LAUDERHILL FL 33313

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GARTH, MARIE
4200 N.W. 16TH STREET
SUITE 303B
LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

65-0741732

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

81 Name
NEVILLE A SHARPE
82 Street Address (P.O. Box Number is Not Acceptable)
4200 NW 16 ST H 303
83 LAUDERHILL,
84 City

FL 85 Zip Code
33313

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 NEVILLE A SHARPE

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

(NOTE: Registered Agent Signature and Title are not required when incorporating.)

DATE 04/04/99

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME GARTH, MARIE
STREET ADDRESS 4200 N.W. 16TH STREET, SUITE 303
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director [] Change ☒ Addition

12 NAME RUDY A SUTTA

13 STREET ADDRESS 4200 NW 16 ST H 303

14 CITY-ST-ZIP LAUDERHILL FL 33313

21 TITLE NEVILLE SHARPE [] Change ☒ Addition

22 NAME 4200 NW 16 ST H 303

23 STREET ADDRESS LAUDERHILL, FL, 33313

24 CITY-ST-ZIP

31 TITLE Director [] Change ☒ Addition

32 NAME ADRIAN SYMBSTER

33 STREET ADDRESS 4200 NW 16 ST 303

34 CITY-ST-ZIP LAUDERHILL, FL, 33313

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/99 964-735-3006

0315604

CR2E034 (11/98)