FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FILED

Feb 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MARKETING GROUP, INC		609 (3)	.,				
Principal Plac	e of Business	Mailin	y Address			I I I I I I I I I I I I I I I I I I I	70 HILL GREE CON 1001	
6301 ARC WAY		6301 ARC WAY						
FT NYERS FL	. 33912	FT N	YERS FL 33912			DO NOT WRITE IN THIS	SPACE	
}						3. Date Incorporated or Qualified		\neg
						04/15/1997		- }
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For	r
21		26				65-0756180	Not Applica	able
Suite, Apt. #, etc.		J1	Suile, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	,\$
City & State		27	City & State			Fee Required		
23	ei	h	h			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	ı
Zip	Country	28 Zır	0	Country		8. This corporation owes or has paid the cu		\dashv
24 25		29	¬ '			Personal Property Tax due June 30. Yes No		Ī
	9. Name and Address of Curr	L	d Agent			10. Name and Address of New Registered	Agent	
RIV	MELLO, MARLENE			81	Name			
	O1 ARC WAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		\dashv
	NYERS FL 33912				000(7)			
ļ				83	l			l
				64	City		85 Zip Code	
					1	<u> </u>	.	
office or r agent I s SIGNATURE	ogistored agent, or both, in the Sta m familiar with, and accept the obl Signature spred or pented name of registaries.					poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	pointment as registere	-
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	_		1.1 TITLE			Change Addi	ition	
NAME	RIMELLO, MARLENE			1.2 NAME				ļ
STREET ADDRESS	(1		ADDRESS			- [
CITY-ST-ZIP	FT NYERS FL 33912		T Secret	14 CITY - S	ST-ZIP		T access	
TITLE	22		21 TITLE	}		Change Addi	/tion	
NAME								
STREET ADDRESS				23 STREET	i i			- {
CITY-ST-ZIP TITLE				2. 4 CITY - 3.1 TITLE	31 - ZIP		Change Addi	ition
NAME			3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3 4. City-:	1			
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addi	ition
NAME				4. 2 NAME				J
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	ST-ZIP			
TITLE			DELF1E	5.1 TITLE			Change Addi	ition
NAME				5 2 NAME				
STREET ADDRESS				5 3 STREET	ADDRESS			
CITY-ST-ZIP				5 4 CITY - S	ST-ZIP			
TITLE			DELETE	6 1 TITLE			Change Addi	AIOU
NAME				62 NAME				i
STREET ADDRESS				6.3 STAEET	ADDRESS			

14. Thereby 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 origination on the receiver or frustate empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if manyied, or on an attackment with an address.