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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042154

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90176 016 ***150.00

Principal Place of Business Mailing Address 192 SOUTHEAST EUROR STREET 193 SOUTHEAST EUROR STRE	INTERAC	TIVE MARKETING & ADVE	rtising group, inc.					
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28						6. Election Campaign Financing		
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 333 ALMERIA AVENUE CORAL GABLES FL 33134 13	23				<u>.</u>	Trust Fund Contribution	Add	ded to Fees
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 4 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 71. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named comporation 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 aminilar with, and except the obligations of, Section 607, 5006, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PSID WIKINS, Novel or present users of implement agent and till a speciable. INDIE Registered Agent and till a state of the component of the component of the purpose of changing its registered agent. I aminilar with, and except the obligations of, Section 607, 5006, Florida Statutes. SIGNATURE SIGNATURE PSID WIKINS, KATHREN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WIKINS, KATHREN 13. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WIKINS, KATHREN 13. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WIKINS, KATHREN 13. TIME 13. TIME 13. TIME 14. TIME 14. TIME 15.	Zip	_ '	·	_	у	-		□No
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AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Stantles, the above-named corporation submits this statement for the purpose of changing its 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, and armillar with, and accept the obligations of, Section 607,605, Florida Stantles. SIGNATURE Signatum, typet or printed name of impliment agent and the Fageleatak. PSTD DELETE 1.1 TITLE PSTD DELETE 1.1 TITLE PORT ST LUCIE FL 34952 1.2 OFFICERS AND DIRECTORS IN 12 LOWE 1.3 STREET ADDRESS UNIVERS. WILKINS, KATHREN 1.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 1.4 CITY ST ZP WILKINS, DOUGLAS S STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 TITLE DELETE 3.3 TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL 34952 DELETE 3.3 STREET ADDRESS UNIVERSITY OF ST LUCIE FL		9. Name and Address of Currer	it Registered Agent	8.	t Name	to. Name and Address of New Ke	gistarea Agent	
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### City ###	· · · · · · · · · · · · · · · · · · ·			8:	2 Street Add	dress (P.O. Box Number is Not Acceptabl	ie)	
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 agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered agent agent, or both, in the State of Florida. Statutes. SIGNATURE				8:	3			
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. SIGNATINE Signature, type or private name of registered agent and tiet if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PSTD WILKINS, KATHREN SISTRETADORESS CITY-ST-2P PORT ST LUCIE FL 34952 14.CITY-ST-2P WILKINS, DOUGLAS S 1892 SOUTHEAST ELROSE STREET 21.STREET ADDRESS 1892 SOUTHEAST ELROSE STREET 22. UNWE 23.STREET ADDRESS 1892 SOUTHEAST ELROSE STREET 23.STREET ADDRESS 1892 SOUTHEAST ELROSE STREET 24.CITY-ST-2P PORT ST LUCIE FL 34952 DELETE 31.TILE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE WILKINS, DOUGLAS S 1892 SOUTHEAST ELROSE STREET 23.STREET ADDRESS 24.CITY-ST-2P TITLE 34.CITY-ST-2P TITLE 35.STREET ADDRESS 35.STREET ADDR	00.	,		Ľ	<u> </u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridas Statutes, the above-named corporation submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Floridas Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent in formal many and accept the objection 607.6005, Floridas Statutes, the above-named corporation's board of director's. I hereby accept the appointment as registered agent and other in applicable. Interpolation Interpolati				84	4 City		FI 85	Zip Code
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 🔀

april 25 1999