


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$550.00

DOCUMENT # P97000045259		
1. Entity Name VIATICAL MARKETING, INC.		

FILED

04 AUG 16 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1605 MAIN STREET SUITE 1109 SARASOTA, FL 34236		Mailing Address 1605 MAIN STREET SUITE 1109 SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address 1441 BRICKELL AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 15TH FLOOR	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
		33131	US

08022004 Chg-P CR2E034 (10/03) 04

4. FEI Number 65-0758510 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name DAVID M. LEVINE, AS RECEIVER Street Address (P.O. Box Number is Not Acceptable) FOUR SEASONS TOWER, 15TH FLOOR 1441 BRICKELL AVENUE City MIAMI FL Zip Code 33131	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DAVID M. LEVINE, as Receiver 8/9/04 DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COYNE, R. KINGSTON 1605 MAIN STREET, STE 1109 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID M. LEVINE, AS RECEIVER 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS YORK, C. DOUGLAS 1605 MAIN STREET, STE 1109 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400040429054 08/23/04--01066--001 **2200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 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

DAVID M. LEVINE,  
as Receiver

8/9/04 305/536-1112 Daytime Phone #