## 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 # **P97000046708**1. Corporation Name

CITY-ST-ZIP

MARKETING CONCEPTS WORLD WIDE, INC.

Principal Place	e of Business	Mailing Address								
7227 WILLIAMS	DR. SOUTH	7227 WILLIAMS DR. SOUTH								
ST PETERSBUR	RG FL 33705	ST PETERSBURG FL 33705								
					<u> </u>		DO NOT WE		S SPACE	
		•	-		3	3. Date Incorporate	ed or Qualifed	1	. 1	
						05/28/1997		•	<ul> <li>12.54</li> </ul>	
2. Principal Pl	lace of Business	2a. Mailing Address			4	4. FEI Number			*!   · · · · · · · · · · · · · · · · · ·	olied For
		26				<u>59-3449074</u>				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired	п,	\$8.75 A	
22		27							Fee Red	quired
City & State		City & State			6	6. Election Campai	gn Financing		<b>4 \$5:00</b>	
23		28		•		Trust Fund Cont			Added to	Fees
Zip	Country	Zip	_ Count	ry	8	3. This corporation	owes the cu	rrent year Ir		
24	25	29 3	30			Personal Proper	•		1 184	Ľ No
	9. Name and Address of Current	Registered Agent		. [		). Name and Add	ress of New	Registered	Agent	
		•	8	1 Nar	ne				•	•
	RILAWYER CHARTERED		8	2 Stre	et Address (	(P.O. Box Number	is Not Accep	table).		
	ALMERIA AVENUE		ا ا	_	(	t and the				
COR	IAL GABLES FL 33134		8	3					1 2 2 2 1 1 2 2 1 1 2 2 1 1 1 1 1 1 1 1	
			ļ <u>.</u>					ta tikah sah	1 查得的 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	8181 P. 18
			8	4 City				FI	85 Zip C	ode "
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	s, the abo	ve-nam	ed comoratio	on submits this stat	tement for the	e purpose o	f changing its	registered
office or re	egistered agent, or both, in the State of	if Florida. Such change was aut	horized b	v the co	rporation's b	board of directors.	I hereby acce	ept the appo	pintment as req	istered
		C COZ ČEGE EL	J C4 4 4	y une or	•				•	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	es.	•	-			·	٠
SIGNATURE		ons of, Section 607.0505, Florid	da Statute	S.		n reinstating) 3 3 3 3		DATE	dri	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Floridan and title if applicable. (NOTE: F	da Statute	S.	re required when		NGES TO O	DATE FFICERS A	#1 # 11 W S	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	Registered Ag	ent signati		ADDITIONS/CHA	NGES TO O		. I High ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floridan and title if applicable. (NOTE: F	Registered Ag  13.	ent signati			NGES TO O		ND DIRECTOR	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signati	re required when	ADDITIONS/CHA	NGES TO O		ND DIRECTO	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE	ent signati	re required when	ADDITIONS/CHA	NGES TO O		ND DIRECTOR	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE  1.4 CITY	ent signati	re required when	ADDITIONS/CHA	NGES TO O		MD DIRECTO	Addition
SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE  1.4 CITY-  2.1 TITLE	ent signati	re required when	ADDITIONS/CHA	NGES TO O		ND DIRECTOR	
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS	Registered Ag  13.  1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 2.2 NAME	ent signati	re required when	ADDITIONS/CHA	NGES TO O		MD DIRECTO	Addition
SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 22 NAME 2.3 STRE	ET ADDRE	re required when	ADDITIONS/CHA	NGES TO O		MD DIRECTO	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY	ent signation signature si	re required when	ADDITIONS/CHA	NGES TO O		ND DIRECTOI Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 22 NAME 2.3 STRE	ent signation signature si	re required when	ADDITIONS/CHA	NGES TO O		MD DIRECTO	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY	ent signation of signature of s	re required when	ADDITIONS/CHA	NGES TO O		ND DIRECTOI Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE  12 NAME  1.3 STRE  14 CITY-  21 TITLE  22 NAME  2.3 STRE  2.4 CITY  3.1 TITLE  32 NAME	ent signation of signature of s	SS SS	ADDITIONS/CHA	NGES TO O		ND DIRECTOI Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE  12 NAME  1.3 STRE  14 CITY-  21 TITLE  22 NAME  2.3 STRE  2.4 CITY  3.1 TITLE  32 NAME	ent signati	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 3.3 STRE	ent signati	SS SS	ADDITIONS/CHA	NGES TO O		ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F) D DIRECTORS  DELETE  DELETE	Registered Ag  13.  1.1 TITLE  12 NAME  1.3 STRE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STRE  2.4 CITY  3.1 TITLE  3.2 NAME  3.3 STRE  3.4 CITY  3.4 CITY  3.4 CITY  3.4 CITY	ent signatu  ET ADDRE  ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F) D DIRECTORS  DELETE  DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 33 STRE 34. CITY 4.1 TITLE 4.2 NAME	ent signatu  ET ADDRE  ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F) D DIRECTORS  DELETE  DELETE	tegistered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 33 STRE 34. CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ET ADDRE  ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F) D DIRECTORS  DELETE  DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 33 STRE 34. CITY 4.1 TITLE 4.2 NAME	ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE	tegistered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 3.3 STRE 34. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ET ADDRE -ST-ZIP	SS SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE	tegistered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 33 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 52 NAME	ET ADDRE -ST-ZIP	SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE	13. 13 TITLE 12 NAME 13 STRE 14 CITY 21 TITLE 22 NAME 23 STRE 24 CITY 31 TITLE 32 NAME 33 STRE 34 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.2 NAME 5.3 STRE 5.2 NAME 5.3 STRE	ent signative signative signative signative signative signative signative signature si	SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE	tegistered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 21 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 33 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 52 NAME	ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE -ST-ZIP  ET ADDRE ST-ZIP  ET ADDRE ST-ZIP  ET ADDRE ST-ZIP	SS	ADDITIONS/CHA	NGES TO O	FFICERS A	Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAME 3.3 STRE 34. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE	es.  ent signative  ET ADDRE  ST-ZIP  ET ADDRE  -ST-ZIP  ET ADDRE  -ST-ZIP  ET ADDRE  ET ADDRE  ST-ZIP  ET ADDRE  ST-ZIP  ET ADDRE  ST-ZIP	SS	ADDITIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOI Change Change Change	Addition Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CORNISH, MARK E 7227 WILLIAMS DR. SOUTH	ons of, Section 607.0505, Florid and title if applicable (NOTE: F) D DIRECTORS DELETE DELETE DELETE DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 6.2 NAME 6.1 TITLE 6.2 NAME	es.  ent signative  ET ADDRE  ST-ZIP  ET ADDRE  -ST-ZIP  ET ADDRE  -ST-ZIP  ET ADDRE  ET ADDRE  ST-ZIP  ET ADDRE  ST-ZIP  ET ADDRE  ST-ZIP	SS	ADDITIONS/CHA	NGES TO O	FFICERS A	Change	Addition Addition Addition Addition Addition

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:** 

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90004 026 \*\*\*150.00

727-866-2306