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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 00046709 (6)

FILED Apr 27 1998 8:00am Secretary of State

rneev	OM MANKETING GNOUP,	INC.				
Principal Place of Business		Mailing Address			I SOUTHOUR HE TOWN SOUTH BONK BONK BONK BOILD BINK TO	AL ODING LILI FOOL
4636 WOOD POINTE WAY SARASOTA FL 34233		4836 WOOD POINTE WAY SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/23/1997	
2. Principal P	lace of Business	2a. Mailing Address	i. Mailing Address		4. FEI Number	Applied For
21		26			65-0754269	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I in Certificate of Status Desired I I The Transfer	75 Additional se Required
City & State		City & State				.00 May Be ded to Fees
Zip 24	Country 25	Ζιρ 29	Country 30		8. This corporation owes or has paid the current year Personal Property Tax due June 30.	ar Intangible
·	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
CHUBEK, DONALD G 4836 WOOD POINTE WAY SARASOTA FL 34233			81	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
-			84	City	FL []	Zip Code
Office of f	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change was au	uthorized by	the corpora	rporation submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointmen	ng its registered it as registered
SIGNATURE	Signature, typed or printed name of registered as	cent and title if andicable (NOTE	Decistered Ace	ol signature som	uired when reinstaling) DATE	
12.				in a Stratione (194)	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Char	
NAME	Chubek, Donald G		1.2 NAME			
STREET ADDRESS 4836 WOOD POINTE WAY		1.3 STREET	ADDRESS			
MITV. ST. 700 SARASOTA FI 34233		14000 8	7 210			

DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZYP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 attackment with an address.

SIGNATURE

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