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 # P97000055641

1. Corporation Name

COMMON SENSE MARKETING MGMT INC

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90070 043 ***150.00



Principal Place of Business Mailing Address							
775 115TH AVE. 775 115TH AVE.							
TREASURE ISLA	AND FL 33706	TREASURE ISLAND FL 33706				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						06/24/1997	
2 Principal D	ace of Business	2a. Mailing Address	Pailing Address			4. FEI Number Applied For	
_ 1	ace of business	¬ •				59-3451785 Not Applicable	
Suite, Apt. i	# etc	Suite, Apt. #, etc.				\$8.75 Additional	
	, , etc.	27	¬ '''			5. Certificate of Status Desired Fee Required	
City & State		City & State_			6. Election Campaign Financing		
23		28				Trust Fund Contribution Added to Fees	
Zip			Countr	у		8. This corporation owes the current year Intangible	
24	25	— · ~	30			Personal Property Tax. Yes No	
24)	9. Name and Address of Current	(==(10. Name and Address of New Registered Agent	
			8	Nar	ne		
WATI	Rous, Peggy		\	3 04		(D.O. Boy Number is Not Accostable)	
	115TH AVE.		82 Street Addre		et Addre	ess (P.O. Box Number is Not Acceptable)	
	ASURE ISLAND FL 33706		8:	<u> </u>			
-			L	<u> </u>			
			8			FL 85 Zip Code	
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							
office or re	anistered agent of hoth in the State o	it Florida. Such change was auu	ionzea v	v ine c	orporation	n'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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					ure required	when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ΠLE	P	☐ DELETE	1.1 TITLE		}	☐ Change ☐ Addition	
NAME	WATROUS, PATRICK		1.2 NAME			·	
STREET ADDRESS	775 115TH AVE.		1.3 STRE	ET ADOR	ESS	,	
CITY-ST-ZIP			1.4 C/TY-	ST-ZIP	ł		
TITLE	S	☐ DELETE	2.1 T/TLE			, Change Addition	
NAME	WATROUS, PEGGY J		2.2 NAME				
STREET ADDRESS	775 115TH AVE.		2.3 STRE	ET ADDR	ESS		
CITY-ST-ZIP			2.4 CITY	ST-ZIP			
πLE -	THE ADDRESS OF THE OUT OF	C DELETE				- Change Addition	
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STRE		ESS		
			3.4, CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TFILE			☐ Change ☐ Addition	
1		— ·	4. 2 NAM				
NAME			4.3 STRE		FSS		
STREET ADDRESS			1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			☐ Change ☐ Addition .	
TITLE			5.2 NAME				
NAME			5.3 STRE		FSS		
STREET ADDRESS			5.4 C/Y-		}		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		$-\!\!\!+\!\!\!-$	☐ Change ☐ Addition	
imre ,		LT NETELE)	Country (Typerion)	
NAME			6.2 NAME		FEC.		
STREET ADDRESS			6.3 STRE		E35		
CITY-ST-Z/P			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.