

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

**PROFIT CORPORATION ANNUAL REPORT 1999**

DOCUMENT # **P97000056323**

1. Corporation Name  
**S.A. MARKETING CONSULTING, INC**

Principal Place of Business  
**900 NORTH FEDERAL HIGHWAY SUITE 340 BOCA RATON FLORIDA 33160**

Mailing Address  
**900 NORTH FEDERAL HIGHWAY SUITE 340 BOCA RATON FLORIDA 33160**

21	22	23	24	25	26	27	28	29	30
Principal Place of Business					Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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 and its directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Barbara A. Burke**

Signature typed or printed name of registered agent and title if applicable: **BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY**

12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ACKER, STANLEY</b>	<b>900 NORTH FEDERAL HIGHWAY SUITE 340</b>	<b>BOCA RATON FL 33160</b>
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	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

FILED

99 JUN -2 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

3. Date Incorporated or Qualified  
**6/25/97**

4. FEI Number  
**65-0766615**

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

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

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL 32799**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**000002899370-7**  
**-06/09/99-01053-003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**000002899370-7**  
**-06/09/99-01053-004**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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: **Stanley Acker** 3/30/99