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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056801 (8)

C & L MARKETING, INC.

Principal Place of Business

1317 WEST FLETCHER AVENUE #B

Mailing Address

1317 WEST FLETCHER AVENUE #B

FILED May 04 1998 8:00am Secretary of State



TAMPA FL 33612 TAMPA FL 33612 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 14309 KUCKY POWDPI 3454816 21 Not Applicable \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ODESSA 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 4///3. ☐ Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PTD 1.1 TITLE HALEY, LINDA NAME 1.2 NAME 16309 ROCKY PONIS PI ODESSA, Fl. 33556 1317 WEST FLETCHER AVENUE #B STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33612** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 14708 Rolling ROCK DR TAMPA, Fl 33618 Marshall, carl e 2.2 NAME NAME 1317 WEST FLETCHER AVENUE #B STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP 2. 4 CHY-ST-ZIP Change DELETE 3 1 TITLE Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET AODRESS CITY-ST-ZIP 3.4. C(1 Y - S1 - Z(P DELETE 4.1 TILLE ☐ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 50514 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 100002511581 -05/05/98--01116--004 NAME 6.2 NAME STREET ADDRESS A STHEET ADDRESS ***150.00 CITY-ST-ZIP

14. Thereby 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 arread report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 open attachment with an address.