07081999-90023-023-$150.00-$150.00

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069082 ✓

1. Corporation Name

AMERICAN ON HOLD MARKETING INC

* 5 9 4 3 7 4 *
594374 - 90024 - 30

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
901 SOUTH STATE RD 7 SUITE 240 HOLLYWOOD, FL. 33023	
2. Principal Place of Business: 901 SOUTH STATE RD 7	2a. Mailing Address: 901 SOUTH STATE RD 7
Suite, Apt. #, etc.: SUITE 240	Suite, Apt. #, etc.: SUITE 240
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD, FL
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

3. Date Incorporated or Qualified

4. FEI Number: 65-0786364 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICHAEL J. DOMINIC 478 S.E. 11th TERRACE DANIA BEACH, FL. 33004	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael J. Dominic — 6-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
AME	LISA DOMINIC		1.2 NAME	
TREET ADDRESS	478 SE 11th TERRACE		1.3 STREET ADDRESS	
TY-ST-ZIP	DANIA BCH. FL 33004		1.4 CITY-ST-ZIP	
TLE	V. P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME	MICHAEL J. DOMINIC		2.2 NAME	
TREET ADDRESS	478 SE 11th TERRACE		2.3 STREET ADDRESS	
TY-ST-ZIP	DANIA BCH., FL 33004		2.4 CITY-ST-ZIP	
TLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP			3.4 CITY-ST-ZIP	
TLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY-ST-ZIP	
TLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
AME			6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Michael J. Dominic — 6-30-99 — 954-988-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #