PROFIT CORPORATION ANNUAL REPORT 1999

SEAN'S MARKETING INC.

1. Corporation Name



DOCUMENT # **P97000076390**

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State Katherine Harris

05-05-1999 90023 028 ***150.00



Principal Place of Business Mailing Address					[(BB)(SB)(LIB 19() 199() 99() 99()		
2013 BASIL DRIVE 2013 BASIL DRIVE							
ORLANDO FL 32837 ORLANDO FL 32837					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
		- 			09/02/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		•	4. FEI Number		Applied For
4		26			59-3469802		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.7	5 Additional
27		27			5. Certificate of Status Desired	Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing		00 May Be
:3		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	C	ıntry	8. This corporation owes the currer		
24	25	29	30	· ₁ ···	Personal Property Tax.	☐Yes	□kK6
	9. Name and Address of Curre	nt Registered Agent		94 Name	10. Name and Address of New Re	gistered Agent _	
OLDE:	TED DEDIVADO D			81 Name		_	
SUTTER, BERNARD R				82 Street Ad	dress (P.O. Box Number is Not Acceptab	łe)	
3036 BIG SKY BOULEVARD KISSIMMEE FL 34741				02		_	
VIOO	IMMEE PL 34/41			83			\
				84 City		FL 85 Z	Zip Code
				<u> </u>	and a sub-site this statement for the D	• —	its registered
office or D	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was	s autnorize	a by the corpora	prporation submits this statement for the pration's board of directors. I hereby accept	the appointment as	s registered
SIGNATURE							
	Signature, typed or printed name of registered ag-	Chi dila dao n'appinoana (ili			urred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTOPS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE	PD	O petric	4				· [
NAME	DIETTE, VEENA		1	TREET ADDRESS			
STREET ADDRESS	2013 BASIL DRIVE		4	TREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837	☐ DELETE	2.1 7	CITY-ST-ZIP		☐ Char	nge
TITLE	VD	Occerc	- 1	IAME		_	
NAME į	DIETTE, ERNEST			TREET ADDRESS			
STREET ADDRESS	2013 BASIL DRIVE						
CITY-ST-ZIP	ORLANDO FL 32837	☐ DELETE	2.4 S	CITY-ST-ZIP		☐ Chan	nge Addition
TITLE .		_ 254515		IAME			
NAME				TREET ADDRESS			}
STREET ADDRESS				CITY-ST-ZIP			1
CITY-ST-ZIP TITLE			3.4. U			Chan	nge Addition
		_		NAME			
NAME				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 T			☐ Char	nge - 🔲 Addition
NAME				IAME		•	Section 1
STREET ADDRESS			535	TREET ADDRESS			
			- 1	CITY-ST-ZIP			j
TITLE _		☐ DELETE		TILE		☐ Char	nge 🗀 Addition
NAME	A Maria Commen		6.21	IAME.			
STREET ADORESS			6.3 5	TREET ADDRESS			
OTHER MEDICOS		•	640	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.

SIGNATURE: