Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90249 030 \*\*\*150.00

## 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 # P9700085985

1. Corporation Name

FLORIDA	LIVE MARKETING, INC.											
Principal Place of Business Mailing Address											•	
6822 17TH ST. SOUTH 6822 17TH ST. SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712							DO NOT WRITE IN THIS SPACE					
									IIS SPACE			
								3. Date Incorporated or Qualified 10/02/1997				
2. Principal Pl	ace of Business	2a. Ma	ailing Address					4. FEI Number	; L	Applie	d For	
21		26						59-3479522	<u> </u>	Not Ap	plicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc							5. Certifcate of Status Desired		\$8.75 Additional		
22		27										
City & State	9	28 Ci	ity & State					Election Campaign Financing     Trust Fund Contribution	, -	00 Mag ed to Fo	•	
Zip	Country	Zij	0	Coun	try			8. This corporation owes the current year	Intangible			
— ·	25	29	3		•			Personal Property Tax.	Yes		No	
24	9. Name and Address of Current	<del></del>		<u> </u>				10. Name and Address of New Registers	ed Agent			
	3. Isalile and Addition of Galiforn	, riogioto.			81	Name			:			
HAU	CK, <b>DEBORAH</b>			L								
6822 17TH ST. SOUTH					B2	Street	Addres	ss (P.O. Box Number is Not Acceptable)	:			
ST. PETERSBURG FL 33712					B3			* ** * * * * * * * * * * * * * * * * * *		. ,	٠.,	
SI. PETENOBORO LE SOFTE					03							
				1	84	City		* 1. 12 1. 1	85	Zip Cod	е:	
						•						
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607. of Florida. ions of, Se	1508, Florida Statutes Such change was autl ection 607.0505, Florid	, the about horized la Statut	ove by ti es.	-named the corpo	corpor oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing pointment a	j its reg s registe	istered ered	
SIGNATURE											\	
	Signature, typed or printed name of registered agent			<u> </u>	gent	signature r	required v	when reinstating) DATE	AND DIDE	TODE	IN 12	
12.	OFFICERS ANI	DIRECT		13.			<del></del> _	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	on I	Addition	
TITLE	P DELETE				1.1 TITLE			2	C∩ai	iye i	. ₩aannon	
NAME	HAUCK, DEBORAH				1.2 NAME S1			etanie Deck				
STREET ADDRESS	6822 17TH ST S.				1.3 STREET ADDRESS / 8			efanie Decle 10 62nd Ave S				
CITY-ST-ZIP	ST. PETERSBURG FL 33712				1.4 CITY-ST-ZIP			. Petusburg, FL 33712	į			
TITLE	VP		DELETE	2.1 TITL	E				☐ Cha	nge (	Addition	
NAME	DECK, MATHIAS			2.2 NAM	Æ			_				
STREET ADDRESS	1890 62ND AVE S.			2.3 STREET ADDRESS				and the second s	<del></del> +			
CITY-ST-ZIP	ST. PETERSBURG FL 33712			2. 4 CIT	Y-ST	T- ZIP			•			
TITLE	D		DELETE	3 1 TITL	£				Cha	nge (	Addition	
NAME	HAUCK, MANFERD		•	3.2 NAN	Æ				i			
STREET ADDRESS	6822 17TH ST. S.			3.3 STR	EET	ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33712			3.4. CIT								
TITLE	JELETE			4.1 TITLE			<u> </u>	<del></del>	☐ Cha	nge (	Addition	
NAME				4.2 NA					f.		Ì	
				•		ADDRESS			ī		1	
STREET ADDRESS				4.4 CIT			ļ	•				
CITY-ST-ZIP			☐ DELETE	5.1 TITL		-417	<del>                                     </del>		Cha	nge l	Addition	
TITLE				0,11111	-		1	•		٠,	_	

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 arr actuass, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

JOSO 1015 HELD JEGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Deborah Hanck (president) 0//07/99 (22) 867-542

Daytime Phone #

Change

Addition

R2F034 (11/98)