**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000087074

1. Corporation Name

| Principal Place of Business  8048 JOZEE CIRCLE ORLANDO FL 32836  RABING Address  8049 JOZEE CIRCLE ORLANDO FL 32836  RABING Address  8049 JOZEE CIRCLE ORLANDO FL 32836  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/09/1997  4. FEI Number 10/09/1997  4. FEI Number 10/09/1997  4. FEI Number 10/09/1997  4. FEI Number 10/09/1997  5. Certificate of Status Desired 15 Desired 15 Status Desired 15 Desired 1 | r   | Marketi       | ng magic               | USA, INC.                   |                  |                     |                    |                  |              |                      |                   |  |                                  |                      |                    |                      |
|--|---|---------------|------------------------|-----------------------------|------------------|---------------------|--------------------|------------------|--------------|----------------------|-------------------|--|----------------------------------|----------------------|--------------------|----------------------|
| ORLANDO FL 32836  ORLANDO FL 32836  ORLANDO FL 32838  ORLANDO FL 3 | Principal Place of Business Mailing Address |               |                        |                             |                  |                     |                    |                  |              |                      |                   | 4 IMBELINE INE FOLIT LEGIE MATEL                               | 8811 88111 8818F I               | <b>9411 3 W W</b> 41 |                    | )                    |
| 2. Principal Place of Business   | 8048 JOZEE CIRCLE                           |               |                        |                             |                  |                     |                    |                  |              |                      |                   |  |                                  |                      |                    |                      |
| 2. Principal Place of Business   | UnL   | MNDO FL 32    | 2030                   |                             | On               | ENINDO LE SECO      |                    |                  |              |                      |                   | DO NOT WE  | RITE IN THIS                     | SPACE                | Ē                  |                      |
| Suita, Apt. #, etc.    |   |               |                        |                             |                  |                     |                    |                  |              |                      | -                 | •  | d                                |                      |                    |                      |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   | 2.  | Principal Pla | ace of Busines         | <del></del>                 | 2a.              | 2a. Mailing Address |                    |                  |              |                      |                   |  |                                  |                      |                    | lied For             |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   |   |               |                        |                             | 26               | <b>⊢</b> *          |                    |                  |              |                      | 5                 | 9-3472657  |                                  |                      | Not                | Applicable           |
| City & State  23  Zip  Country  Zip  Country  Zip  Country  Zip  Sinature, Synad or primed name of registered agent and title if applicable.  Signature, Synad or primed name of registered agent and title if applicable.  Signature, Synad or primed name of registered agent and title if applicable.  RUSHE, ANN M  Signature, Synad or primed name of registered agent and title if applicable.  Signature, Synad or primed name of registered agent and title if applicable.  RUSHE, ANN M  Signature, Synad or primed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  Delette  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  RUSHE, ANN M  Signature, Synad or primed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  Date  Change Add  Added to Fees  Trust Fund Contribution on which the current year Intangible Personal Property Tax.   yes   No  No Personal Property Tax.   yes   No  No Name and Address of New Registered Agent  No Name and Address of New Registered Agent  Signature Synad Address of Current Registered Agent  Signature, Synad or primed name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, Synad or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Date  12. OFFICERS AND DIRECTORS IN 12  NAME  Signature, Synad or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Date  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Address (P.O. Box Number is Not Acceptable)  Note: The Personal Property Tax.  Signature Synad or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rein | Suite, Apt. #, etc.                         |               |                        |                             |                  | Suite, Apt. #, etc. |                    | -                |              |                      | .5. C             | ertifcate of Status Desired                                    |                                  | <b>v</b> - ·         | -                  |                      |
| Zip Country Zip Country Zip Country Again and State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent to meter 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, byped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  STREET ADDRESS  CITY. STZIP  TITLE  DELETE 1.1 TILE  DELETE 2.1 TILE  Change Address  R. This corporation owes the current year intangible Personal Property Tax.  8. This corporation owes the current year intangible Personal Property Tax.  9 No  8 Name Address of New Registered Agent  10. Name and Address of New Registered Agent  12. City St. Street Address (P.O. Box Number is Not Acceptable)  13. The personal Property Tax.  14. City St. Street Address (P.O. Box Number is Not Acceptable)  15. The personal Property Tax.  16. Name  17. Name and Address of New Registered Agent  18. Name  18. Name  18. City FL  85. Zip Code  19. The corporation submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered Agent subm   | City & State                                |               |                        |                             |                  | City & State        |                    |                  |              |                      |                   |  | 3 🗆                              |                      |                    | •                    |
| 25 29 30 Personal Property Tax.   Yes   No  9. Name and Address of Current Registered Agent  RUSHE, ANN M 8048 JOZEE CIRCLE ORLANDO FL 32836  81 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 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  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D   DELETE   1.1 TITLE   Change   Add  STREET ADDRESS   1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP    TITLE   DRIANDO FL 32836   Add   DELETE   1.5 TITLE   Change   Add    |   | 7in           |                        | Country                     | 20               | Zip                 |                    | Country          |              |                      |                   |  | rrent vear inta                  | ınaible              |                    |                      |
| RUSHE, ANN M 8048 JOZEE CIRCLE ORLANDO FL 32836  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 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 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 NAME  NAME STREET ADDRESS CITY. ST. ZIP  NITLE  DELETE 1.1 TITLE  Change Add City  FL 85 Zip Code  10. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 agent, and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  PAGE  12. OFFICERS AND DIRECTORS IN 12  ITILE  Change Add City  FL 85 Zip Code  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/ | <b>⊢</b>                                    | ib            | 25                     | ]                           | 29               | r                   |                    | •                |              |                      |                   | •  |                                  |                      |                    | □No                  |
| RUSHE, ANN M 8048 JOZEE CIRCLE ORLANDO FL 32836  82 Street Address (P.O. Box Number is Not Acceptable)  83   Rame  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 agent, and maintain with, and accept the obligations of, Section 607.0505, Florida Statutes.  85   Signature   Signat |   |               |                        |                             |                  |                     |                    |                  |              | 1                    | 10. N             | lame and Address of New  | Registered A                     | Agent                |                    |                      |
| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  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 ITITLE  TITLE  D Change Add  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Add  Change Change Add  Change Change Change  Change Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Chan | 8048 JÖZEE CIRCLE<br>ORLANDO FL 32836       |               |                        |                             |                  |                     |                    | 83<br>84         | City         |                      |                   | AA -   | FL                               | 1                    |                    |                      |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  RUSHE, ANN M  STREET ADDRESS  6. ORLANDO FL 32836  14. CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  Change  Add  Change   | 11.   | office or re  | mietoron anont         | or both in the Stat         | te of Florid     | ia. Such change was | s autnor           | nzea ov          | ine corbo    | corpora<br>eration's | ition s<br>s boar | submits this statement for the<br>d of directors. I hereby acc | e purpose of e<br>ept the appoir | changii<br>itment    | ng its r<br>as reg | egistered<br>istered |
| 12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE           TITLE         D         DELETE         1.1 ITILE         Change         Add           NAME         RUSHE, ANN M         12 NAME         12 NAME         STREET ADDRESS         8048 JOZEE CIRCLE         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP </td <td>SIG</td> <td>SNATURE ,</td> <td>Clanature, hunari or n</td> <td>rinted name of registered a</td> <td>ment and title i</td> <td>if applicable (NI</td> <td>OTF: Regis</td> <td>stered Agen</td> <td>signature re</td> <td>auired wh</td> <td>nen rein:</td> <td>stating)</td> <td>DATE</td> <td></td> <td></td> <td></td>   | SIG   | SNATURE ,     | Clanature, hunari or n | rinted name of registered a | ment and title i | if applicable (NI   | OTF: Regis         | stered Agen      | signature re | auired wh            | nen rein:         | stating)   | DATE                             |                      |                    |                      |
| TITLE         D         DELETE         1.1 TITLE         Change         Add           NAME         RUSHE, ANN M         12 NAME         12 NAME         12 NAME         13 STREET ADDRESS         13 STREET ADDRESS         14 CITY-ST-ZIP         . </td <td colspan="8"></td> <td></td> <td></td> <td></td> <td></td> <td>FFICERS AN</td> <td>D DIRE</td> <td>CTO</td> <td>RS IN 12</td>   |   |               |                        |                             |                  |                     |                    |                  |              |                      |                   |  | FFICERS AN                       | D DIRE               | CTO                | RS IN 12             |
| STREET ADDRESS         8048 JOZEE CIRCLE         1.3 STREET ADDRESS           CITY-ST-ZIP         ORLANDO FL 32836         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE  |   |               | D DELETE 1             |                             |                  |                     |                    | 1.1 TITLE        | T            |                      |                   |  |                                  | Ch:                  | ange               | ☐ Addition           |
| STREET ADDRESS         8048 JOZEE CIRCLE         1.3 STREET ADDRESS           CITY-ST-ZIP         ORLANDO FL 32836         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE  | NAM   | RUSHE, ANN M  |                        |                             |                  |                     | 1.2 NAME           | Ì                |              |                      |                   |  |                                  |                      |                    |                      |
| CITY-ST-ZIP         ORLANDO FL 32836         1.4 CITY-ST-ZIP         .           ππε         □ DELETE         2.1 ππ.ε         □ Change         □ Add  |   |               |                        |                             |                  |                     | 1.3 STREET ADDRESS |                  |              |                      |                   |  |                                  |                      |                    |                      |
| TITLE DELETE 2.1 TITLE Change Add  |   |               |                        |                             |                  |                     |                    | 1.4 CITY-S1      | -ZIP         |                      |                   | ,  |                                  |                      |                    |                      |
|  | —   |               | 011041001              |                             |                  | ☐ DELETE 2.1 TITLE  |                    |                  |              |                      |                   |  |                                  | ☐ Chi                | ange               | Addition             |
| NAME 2.2 NAME  | NAME  |               |                        |                             | 2.2 NAME         |                     |                    |                  |              |                      |                   |  |                                  |                      |                    |                      |
| 1  | STREET ADDRESS                              |               |                        |                             |                  | 1.                  | 2.3 STREET ADDRESS |                  |              |                      |                   |  |                                  |                      |                    |                      |
| UNITED ADDRESS   |   | CITY-ST-ZIP   |                        |                             |                  |                     |                    | 2. 4 CITY-ST-ZIP |              |                      |                   |  | - =                              |                      |                    |                      |
| Thansa Adv   |   |               |                        |                             |                  |                     | <del></del>        |                  |              |                      |                   |  | Ch:                              | ange                 | Addition           |                      |
| NAME 3.2 NAME  |   |               |                        |                             |                  |                     |                    | 3.2 NAME         |              |                      |                   |  |                                  |                      |                    |                      |
| STREET ADDRESS 3.3 STREET ADDRESS  |   | -             |                        |                             |                  |                     |                    | 3.3 STREET       | ADDRESS      |                      |                   |  |                                  |                      |                    |                      |

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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Apr 08, 1999 8:00 am Secretary of State

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