**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000094383

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

RAMONA'S MARKETING SERVICES, INC.

Principal Place	e of Business	Mailing Address						
2701 NE 10TH	STREET	2701 NE 10TH STREET						
#103	_	#103			20 11	OT WOITE IN TH	C COACE	
OCALA FL 3447	_ 34470 OCALA FL 34470 US					DO NOT WRITE IN THIS SPACE  3 Date Incorporated or Qualifed		
US		05			v. '	Qualifed		ļ
					11/03/1997		11.	E-15
2. Principal Pl	ace of Business	2a. Mailing Address	th/a.	urt Circle	4. FEI Number		<del></del>	plied For
	SE 37th Court Circle		111.00r	lit Uici	<u>C 59-3482804</u>		<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	esired 🗌	\$8.75 A Fee Re	
22	·	27					<del> </del>	<u></u>
City & State		City & State			6. Election Campaign Fir		\$5.00	
3 Ocal		28 Ocala,	<u> </u>		Trust Fund Contributio		Added t	o rees
_ Zip	Country	Zip	Cor	-	<ol><li>This corporation owes</li></ol>			
344	25 002	29 34471	30 (	<u> </u>	Personal Property Tax		Yes	□No
	9. Name and Address of Current	Registered Agent		96 24	10. Name and Address of	of New Registere	a Agent	
01 A	VEC DAMONA			Name h	n, Ramona			1
	VEC, RAMONA			82 Street Ar	dress (P.O. Box Number is Not	Acceptable)		
	NE 10TH STREET				4 SE 3/th Cour	ct Circle	<u> </u>	
# 10	•			83				1
UCA	LA FL 34470			84 City		<del></del>	85 Zip C	Code
				<b>~</b>   ~0ca	la	F		471
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiat with, and accept the obligation	and 607.1508, Florida Sta Florida Such change wa	ntutes, the a s authorized	bove-named co by the corpora	orporation submits this statemen ation's board of directors. I here	it for the purpose of by accept the app	of changing its ointment as re	registered gistered
agent. i ai	m ramiliar with, and agreept the obligation	ins of section our loads,	LIDING ORGE	uicp.			^ ^	ĺ
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SIGNATURE	Signature broad or pointed game of registered energy	Lan		This.		4 - 5 -	99	<del></del> \
SIGNATURE	Signature, typed or printed name of registered egent of	and title if applicable. (N	OTE: Registered	This.	uired when reinstating)	4 - 5 - DATE	99	ORS IN 12
SIGNATURE	OFFICERS AND	and title if applicable. (N	OTE: Registered	PAGE .	uired when reinstating)  ADDITIONS/CHANGES	4 - 5 - DATE	99	ORS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90098 005 \*\*\*150.00

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 suppliemental 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 opporation 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. 4-5-99