## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an address

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000099508 (8) EAST COAST MARKETING AGENCY, INC. Principal Place of Business Mailing Address 1191 E. NEWPORT CENTRE DR. 1191 E. NEWPORT CENTRE DR. SHITE 209 SUITE 209 DO NOT WRITE IN THIS SPACE **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 11/2<u>1/19</u>97 2. Principal Place of Business 2a. Mailing Address FEL Number 65-0796328 Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Nicole Cayer FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) 1191 E. Newport Centre Dr. FT. LAUDERDALE FL 33311-4132 84 Zip Code City 85 Deerfield Beach 11. Pursuant to the provisions of Soctions 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, Soction 607.6505, Florida Statutes. 03/12/1998 Nicole Cayer, Director.
Signature, typed or printed name of registered agent and title if apsignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **√3**. DELETE Change Addition TITLE SMITH, GINETTE B 1.2 NAME NAME Nicole Cayer STREET ADDRESS 1191 E. NEWPORT CENTRE DR. 1.3 STREET ADDRESS 1191 E. Newport Centre Dr., Suite 209 **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 1.4 CITY-ST-ZIP Deerfield Beach, Fl 33442 Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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

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