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

PROFIT **CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporati		# P97 D MARKETIN		J3187 (5	·)								
Principal Place of Business				Mailing Address					I TOUISMAI FFU IUT	IL LABLE ARKE BREEK		90 11101 11001 11	\$111 1 <b>00</b> 1 1001
1006 PINEHAVEN CT				1006 PINEHAVEN CT									
BRANDON FL 33511				BRANDON FL 33511					DO NOT WRITE IN THIS SPACE				
									3. Date Incorporat			SI NOL	······
									12/05/1997				
2. Principal	2. Principal Place of Business			2a. Mailing Address					4. FEI Number		,	Ā	opplied For
21			26						37-34	187036	,		lot Applicable
Suite, Apt				Suite, Apt. #, etc.					5. Certificate of Sta	atus Desired			Additional Required
l '	City & State			Crty & State					6. Election Campa		_		May Be
23	ip Country			Zip Country					Trust Fund Cont				to Fees
Zip 24	<b>⊢</b> ₁ ′			29 30					<ol> <li>This corporation Personal Proper</li> </ol>		_	_	ntangible No
24	25 25 9. Name and Address of Curr						····		10. Name and Add				<u> </u>
D		HAND, LEILA K				81	Name	3					
	006 PINEHA			82 Street Address (P.O. Box Number is N					abla)	<del></del>			
	RANDON FL						olleel	t Addres	ss (P.O. Box Number	is Not Accept	ane)		i
						83							
,						84	City		···		FL	<b>85</b> Zip	Code
11. Pursuani office or	t to the provis	sions of Sections 6 gent, or both, in th	07.0502 and e State of Flor	607.1508, Florida Stat ida. Such change war of, Section 607.0505, I	utes, the s authoriz	above ed by	name	d corpor	ration submits this stands to be a submits the stands of directors	atement for the		changing i	its registered s registered
agent. I	am f <b>a</b> miliar w	ith, and accept th	e obligations o	of, Section 607.0505, I	Florida St	atutes	•						
SIGNATURE	Signature types	for printed name of regi-	dered agent and M	te if apolicable (Ne	Olf: Bogisto	red Age	nt signatu	re required	when reinstating)		DATE		
12.			RS AND DIRE		13				ADDITIONS/CHA	NGES TO OFF		DIRECTOR	RS IN 12
TITLE				☐ DELETE	1.1	TITLE	$\overline{a}$		MANAND	S. RAMO	めること	Change	Addition
NAME					1.2	NAME	3	Die	RECTOR-			TIME	
STREET ADDRESS					1,3	STREET	ADDRESS	1	OF HIME	HHOE	200	-	
CITY-ST-ZIP		<del></del>		Decre		CITY-S1	- 21P	TOK	MODINA	<u>+ L</u>	33:	<u> </u>	1000
TITLE	1			☐ DELETE	- 1	TITLE		₩,				☐ Change	Addition
NAME AVARET ANADERA					- 1	NAME		η.O.H	NUNDAD	KAMI	DEHU	-CHA	ND
STREET ADDRESS CITY-ST-ZIP	1					CITY-S	ADDRESS	100	YANANDS OL PIN BANDON	EHUAE	N	- 	
TITLE				DELETE			1-211	15013	HUBOU	h		Change	Addition
NAME					3.2	NAME						•	_
STREET ADDRESS					3.3	STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>				3.4.	CITY-S	T-ZIP						
TITLE				☐ DELETE	4.1	TITLE						Change	Addition
NAME					4. 2	NAME		1					
STREET ADDRESS					4.3	STREET	addaess						
CITY-ST-ZIP				DELETE		CITY-ST	- ZIP	↓				<u> </u>	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	1			☐ DELETE		TITLE						☐ Change	Addition
NAME					- 1	NAME	4 B G B C G G	}					
STREET ADDRESS						• · · · ·	ADDRESS						
CITY-ST-ZIP TITLE	<del> </del>			DELETE		CITY-ST TITLE	- LIP	<del> </del>			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	-					NAME		1					
STREET ADDRESS	1						ADORESS						
CITY-ST-ZIP					1	CITY-ST							
14. I hereby	certify that th	e information sup	plied with this	filing does not qualify	for the e.	xempt	ion stat	ted in Se	ection 119.07(3)(i), FI	orida Statutes.	I further ce	rtify that the	a information
officer or	director of the	ial report or suppl se corporation or t if changed, or on	he receiver or	al report is true and a trustee empowered to twith an address.	pourate a o execute	na tha this r	eport a	gnature is require	ed by Chapter 607, F	legal ellect as forida Statutes	ir made un s; and that r	uer bath; th ny name ap	pears in