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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

· Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000105954 (6)

NEW AGE PSYCHIC MARKETING, INC.

**FILED** May 04 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			i Brant ar dar d'Ardit antica all'alla di bista di lat ad	••	
2111 SOUTHWEST 71 WAY DAVIE FL 33317		2111 SOUTHWEST 71 WAY DAVIE FL 33317					
					E IN THIS SPACE		
				3. Date Incorporated or Qualified 12/17/1997			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied F	or	
21		26		65-0800524	Not Applie		
Suite, Apt.	#, etc.	Suite, Apt. #. otc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required	al	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intangible	,	
24	25		30	Personal Property Tax due Jun			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent		
AN	(ERILAWYER		81 Name	JULIUS H. SCHWORTZ		1	
	3 <b>ALM</b> ERIA AVENUE		82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
ÇC	ORAL GABLES FL 33134		83	YAW 15 203 111.			
			63				
_				31Va	FL 85 Zip Code		
11, Pursuant office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute If Florida, Such change was a	s, the above named cou	rporation submits this statement for the ration's board of directors. I hereby acceptable	purpose of changing its registed	ered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505. Floi	rida Statutes.				
SIGNATURE	John High	Jul 145 H.	SCHWARTZ		04.25.98		
12,	Signature, typid or printed name of registered agost OFFICERS AND		Registered Agent signature rec	ADDITIONS/CHANGES TO OFF	DATE	,— <u> </u> €	
TITLE	PSTO	DELETE	1 1 TITLE	Ogra DESTE		CP2E034 (10/97)	
NAME	SCHWARTZ, JULIUS H	<del>-</del>	1.2 NAME	JULIUS H. SCHUSPRYZ	,	4	
STREET ADDRESS	2111 SOUTHWEST 71 WAY		1.3 STREET ADDRESS	2111 SW 71 WMY		8	
CHY-ST-ZIP	DAVIE FL 33317			DAME, FL. 33317		K	
TITLE		☐ DELETE	2.1 TiTLE		☐ Change ☐ Ad	Idition 5	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE		☐ DEÏETE	3.1 TITLE		☐ Change ☐ Ad	Idition	
NAME			3 2 NAME			1	
STREET ADDRESS			3.3 STREET ADDRESS			j	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		L_] DELETE	4.1 TITLE		☐ Change ☐ Ad	idition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			1	
CITY-ST-ZIP		Driete	4.4 CiTY-ST-ZIP		Chargo	ddilon	
TITLE		☐ DEL <b>et</b> e	51 TITLE		∐ Change ∐ Ac	ddition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Ad	ldition	
TITLE		CT VELETE	6.1 TITLE		— onango — ∧		
NAME OTRET ADDRESS			6.2 NAME			1	
STREET ADDRESS			6.3 STREET ADDRESS			1	
CITY-ST-ZIP	perity that the information supplied will	b this filing does not qualify for	the exemption stated	in Section 119 07(3)(i) Florida Statutes	I further certify that the informa	ation	

Interest certain the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certain 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.

SIGNATURE:

0405 88

954.473-8311