## PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90028 035 \*\*\*150.00

DOCUM								
1. Corporation	MENT # P98000	<b>305066</b>						
•	IUM PROMOTIONS, INC.							
MALLECTA	OW MONOTHOUGH MO.	•			) 2 <b>00</b> 01000 000 0000 0000 0000 0	))))	D #HH 1 <b>1</b> 01 1	(1) <b>(1)</b> (1) (1)
Principal Place	of Business	Mailing Address			- I ikanism tim istist imin natio a		6. 8 an	IN EUL PAP.
1844 N. NOB HIL	LL ROAD	1844 N. NOB HILL ROAD						
SUITE 434 PLANTATION FL	รากวา	SUITE 434 PLANTATION FL 33322			DO NOT WR	ITE IN THIS S	PACE	
, Contract Co		· ·			3. Date Incorporated or Qualifed	j		
		·			01/15/1998		<del></del>	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applicable
21	<del>,</del>	Suite, Apt. #, etc.			65-0812518		\$8.75 A	
Sulte, Apt. #	, etc.	27			5. Certificate of Status Desired		Fee Rec	
City & State		- City & State-	<del></del>		6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	4	8. This corporation owes the cur			□No
24	]25]	29 30	<u> </u>	<del></del>	Personal Property Tax.  10. Name and Address of New			
	9. Name and Address of Current	Kegistered Agent	81	Name	10, Name and Address of Non	*		
SCHR	REIBER, GARY A		_		BS3 (P.O. Box Number is Not Accep	table)		
2705 N.W. 108TH TERRACE			82	Street Addr	ess (P.O. Box Number is Not Accep	(8099)		
SUNRISE FL 33322			83					
_			84	City			85 Zip C	ode
ļ			1	1 - 1		<u> </u>	i I	
11. Pursuant to office or re agent. I am	o the provisions of Sections 607.0502 gistaned agent, or both, in the State on familiar with, and accept the obligati	f Florida, Such change was authons of, Section 607,0505, Florid	orized by Statutes	the corporations.	on's board of directors. I hereby acco	pt the appoint	ment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: Re	gistered Ape	nt signature required	d when reinstrang)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O			
TITLE	owner,	, DELETÉ	1.3 TITLE				[] C⊁ange	☐ Addition
NAME	Gary Schreiber 2795 NW 19876	, (0	1.2 NAME	i				
STREET ADDRESS	279'S NW 18878							. 1
CITY-ST-ZIP		1744		T ADDRESS				
	COMPACT AL	103 / (	1.4 CITY-8				☐ Change	Addition
TITLE	CONTRA EL	333 DELETE	1.4 CITY-8 2.1 TITLE	BT-ZSP			☐ Change	- Addition
TITLE HAME	CONTRACTOR AL	103 / (	1.4 CITY-8 2.1 TITLE 2.2 NAME	BT-ZSP	· · · · · · · · · · · · · · · · · · ·	<u>.</u> .	☐ Change	
TITLE NAME STREET ADDRESS	CONTRA LL	103 / (	1.4 CITY-8 2.1 TITLE 2.2 NAME	ET-ZSP ET ADDRESS		<u>د.</u> <u>. حد</u>		
TITLE HAME	UMITE AL	103 / (	1.4 CITY-8 2.1 TITLE 2.2 NAME 2.3 STREE	ET-ZSP ET ADDRESS		<u>د.</u> <u>. حد</u>	☐ Change	Addition Addition
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14. I hereoy certify that the information supplied with this filling 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.

6.4 CITY-ST-ZP

CITY-ST-ZIP

SIGNATURE AND THE DO REPORTED MAKE OF SIGNANG OFFICER OR INRECTOR