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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800009160

WEB MARKETING GROUP, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90020 028 \*\*\*150.00



Principal Place of Business Mailing Address					I (BOILDA) (ID IDIOL (BIT) BOTH BOIL OLIN DAIL IN	# # # # # #		
5190 LAS VERDES CIRCLE STE. 207 5190 LAS VERDES CIRC DELRAY BEACH FL 33484-8048 DELRAY BEACH FL 3348						DO NOT WOITE IN THE CRAC	ne.	
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<u>,E</u>	
						01/27/1998		
Principal Place of Business     2a. Mailing Address						4 FEI Number	App	lied For
2. Frincipal Fi	lace of Dusiliess	26	i -			65-0807989	<del></del>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			_ \$8	.75 A	ditional
27						5. Certifcate of Status Desired	ee Req	uired
City & State	• .	City & State	City & State			1 **	۸ 5.00	- 1
23		28	<del></del>			Trust Fund Contribution A	dded to	Fees
Zip <b>24</b>	Country 25	Zip	<del>-</del>			8. This corporation owes the current year Intangibl Personal Property Tax.	a es 🏃	<b>≾</b> No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	<u>:</u>	
			l'	81	Name			
FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DRIVE STE. 37			1	82	Street A	ress (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34684		-	83	<u> </u>			
FAC	II I PARBON I E STOOT		[		<u> </u>			
	•			84	City	FL  85	Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	uthorized	by '	tne corpor	orporation submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointmen	ing its r t as reg	egistered istered
	Signature, typed or printed name of registered ag-			Agen'	t signature re	uired when reinstating) DATE		20 111 40
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	hange	Addition
TITLE			1.1 TITL				na igo	
NAME	EPSTEIN, HERBERT	ATT A07	1.2 NAME 1.3 STREET ADDRESS		ADDRESS			
STREET ADDRESS	5190 LAS VERDES CIRCLE S		1.4 CITY-ST-ZIP		i			
CITY-ST-ZIP	DELRAY BEACH FL 33484-804	DELETE	2.1 TITLE		-21		hange	Addition
NAME			2.2 NAME					ĺ
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CI		T-ZIP			
TITLE		☐ DELETE	3.1 ∏∏	3.1 TITLE			hange	Addition
NAME			3.2 NAA	ME				
STREET ADDRESS			3 3 STP	REET	ADDRESS			
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP			hange	Addition
TITLE				4.1 TITLE			nange	Audition
NAME			1	4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-3		J-ZIP		hange	Addition
NAME		_ 5	5.2 NAM				-	_
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP	4		5.4 CIT					
TITLE			6.1 TITL				hange	Addition
NAME	,		6 2 NAM	ME				
STREET ADDRESS			6.3 STF	REET	F ADDRESS			

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

561-496-2083