

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 023 ***150.00

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DOCUMENT # P98000012921

1. Corporation Name

EXPERT MARKETING AND DISTRIBUTION, INC.

Principal Place of Business

6201 HOLLYWOOD BLVD., SUITE 2
HOLLYWOOD FL 33024

Mailing Address

6201 HOLLYWOOD BLVD., SUITE 2
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

65-0813431

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DAVIS, MARILYN
451 S. 19 AVE. #5
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

AUDLEY WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

6240 NW 173RD STREET #1033

83

84 City MIAMI

FL

85 Zip Code 33015

11. Pursuant to the provisions of Sections 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, Section 607.0505, Florida Statutes.

SIGNATURE

Audley Williams

AUDLEY WILLIAMS PRESIDENT

JANUARY 7, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P
NAME MARILYN DAVIS
STREET ADDRESS 451 S. 19 AVE. #5
CITY-ST-ZIP HOLLYWOOD FL 33020
☒ DELETE

TITLE S
NAME AUDLEY WILLIAMS
STREET ADDRESS 6240 NW 173RD ST #1033
CITY-ST-ZIP MIAMI FLORIDA 33024
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME AUDLEY WILLIAMS
1.3 STREET ADDRESS 6240 NW 173RD STREET #1033
1.4 CITY-ST-ZIP MIAMI FLORIDA 33015
☒ Change ☐ Addition

2.1 TITLE V/T
2.2 NAME ESTELA VARONA
2.3 STREET ADDRESS 1701 NW 6 STREET
2.4 CITY-ST-ZIP PEMBROKE PINES FLORIDA 33024
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: Audley Williams PRESIDENT

1/7/99

(954) 964-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)