Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90081 035 ***158.75

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 # DOCOCO17117

1. Corporation	ARKETING CONCEPTS, INC		,				,				
Principal Place	e of Business	Mailing Ad	dress					i idalidat isa setat tarit deste galet an	iii Abiai maii 1800	1 14 84 1 11	U U U
4699 NORTH FI POMPANO BEA	EDERAL HIGHWAY CH FL 33064	4699 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064						DO NOT WRITE !!	N THIS SPACI	Ē	
								Date Incorporated or Qualifed 02/23/1998			
	lace of Business	2a. Mailing	Address				4	65 081 4537	-	+ ''	lied For Applicable
21	4 -1-	26 Suito	Apt. #, etc.								dditional
Suite, Apt.	#, etc.	27 Suite, 7	ър. ж. е.с.				5	Certificate of Status Desired		ee Rec	
City & Stat		City &	State					S. Election Campaign Financing	\$5	00	May Be
23	•	28					'	Trust Fund Contribution		ided to	
Zip	Country	Zip		Cou	ntry		8	3. This corporation owes the current y	ear Intangible		
24	25 29 30			30				Personal Property Tax.			
	9. Name and Address of Curren	t Registered A	gent				10). Name and Address of New Regis	stered Agent		
T0 1 6	-14 000TT F				81	Name					
TILLEM, SCOTT E					82	Street Ac	dress ((P.O. Box Number is Not Acceptable)			
10 FAIRWAY DRIVE											
SUITE 219 DEERFIELD BEACH FL 33441					83						
DEC	AFIELD BEACH FL 33441				84	City			FL 85	Zip C	ode
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State of marrial armitian with, and accept the obligations of the state of t	of Florida, Such tions of, Section at and title if applicable	607,0505, Florid	thorized da Statu	i by ites.	the corpora	ation's t	opera of directors. I hereby accept the		as reg	
12.	OFFICERS AN	D DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE			
TITLE	PD		☐ DELETE	1.1 T/I					☐ Ch	ange	☐ Addition
NAME	ROBINS, JEFFREY			1.2 NA							
STREET ADDRESS	4699 NORTH FEDERAL HIGHW	AY				ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33064		☐ DELETE	1.4 CIT		T-ZIP				ange .	Addition
TITLE	VP		□ DEFE IE	2.1 TIT		ļ				,iigo	
NAME	ROBINS, ROBERT	IAV		2.2 NA							
STREET ADDRESS	4699 NORTH FEDERAL HIGHW POMPANO BEACH FL 33064	IAI				ADDRESS		هي سهيره به د پيت			
CITY-ST-ZIP			☐ DELETE	2 4 CI		11-ZIP				ange	Addition
TITLE	TS DODING DONDA		- Dettere			- 1				g-	
NAME	Robins, Ronda 4699 North Federal Highw	/AV		32 NA		ADDRESS			•		
STREET ADDRESS	POMPANO BEACH FL 33064	'A1									
CITY-ST-ZIP TITLE	FOMFAINO BEACH I'E 33004		☐ DELETE	3.4. CI		1-212		The state of the s		ange	Addition
NAME				4.2 N						-	
						FADDRESS					
STREET ADDRESS				4.3 ST							
CITY-ST-ZIP TITLE	<u> </u>		☐ DELETE	5 1 TD		. 411			□ Ch	ange	Addition
NAME			_ -	5.2 NA							
				53 ST	REET	ADDRESS					

CITY-ST-ZIP 14. I hereby 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

561-451-0080

☐ Change

☐ Addition