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 # P98000026159

1. Corporation Name

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90099 007 ***150.00

DX MAR	KETING, INC.					
,						
٠.						
Principal Place	e of Business	Mailing Address			fifte fres ting fatte iam iam:	
1975 E SUNRISE BLVD 1975 E SUNRISE BLVD						
SUITE 716 SUITE 716						
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304			ļ	DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
		T		03/19/1998		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number 65-0840609	Applied For		
21 3389 Sheridanst 26			05-0890009	Not Applicable		
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AdditionalFee Required	
		27.				
City & State 23 Holly wood Fl 28		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip Country Zi			Country	Trust Fund Contribution		
Zip ∪ TT 2.3	- ' - ' ' '	Zip	_ ·	 This corporation owes the current year Into Personal Property Tax. 	angible ☐Yes →BNo	
24 55	<u> </u>	/		10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent 81 Name				. ,		
HARMON, NATALIE J				Matale Harmon		
1975 E SUNRISE BLVD			82 Street Address (P.O. Box Number is Not Acceptable) 3389 Sneridan S+#226			
SUITE 716			83			
FORT LAUDERDALE FL 33304				Holly wood 1	4 4,4 , 4+4	
			84 City	Holly wood 1	85 Zip Code /	
44.5 and the specific of Option COT OFOO and COT 4500 Florida Clobular the above period correct				moration submits this statement for the numose of	changing its registered	
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						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	□ DELETE			Change	
NAME	HARMON, NATALIE J		12 NAME	nuture Hurmon 3389 Sheridens+ x 226 Hollywood Fl 33021.		
STREET ADDRESS	1975 E SUNRISE BLVD STE 716		1.3 STREET ADDRESS	3389 sheridanst		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	Hollywood Fl 33021.		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME]	
STREET ADDRESS	ہے رمسوم ہے اور ہوتے ہیں۔		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-\$T-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS		• 1	3.3 STREET ADDRESS			
CITY-ST-ZIP	L		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	•		4. 2 NAME			
STREET ADDRESS	•		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	·		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	! · · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP		·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		1	
STREET ADDRESS			6.3 STREET ADDRESS			
					1	

6.4 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR