## FILED May 13, 1999 8:00 am Secretary of State

	PROFIT	FLORIDA DEPART	MENT OF STATE	Secretary	of State
CORPORATION		Katherine		Secretary of State	
				05-13-1999 9002	8 029 ***150.00
		Secretary	-		
l	1999	DIVISION OF CO	IRPURATIONS		
DOCU	MENT # P98000C	144072, vex			
1. Corporation Name MARKETING SULCTIONS, IN				561182 - 90081	- 49
3278 Sheer with Food					
3278 S/JERINIA					
ORLANDO, FLORIDA 32808					
Principal Plac	e of Business				
2434 W; SANdLAKE Rd					
2757 52 775762				DO NOT WRITE IN THIS	SPACE
ORIANDO FIA 32808				Date Incorporated or Qualified	
				5/15/98	
<u> </u>		1.0 14.11		4. FEI Number	Applied For
2. I mapar i noo or position		2a. Mailing Address		59-3511347	Not Applicable
21 26				3/ 22/1/	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required
22 27					
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 28			Country	<del></del>	
Zìp	Country	Zip	Country	<ol> <li>This corporation owes the current year Int Personal Property Tax.</li> </ol>	langipie ☑Yes □No
24	25	29 31	<u> </u>	10. Name and Address of New Registered	<del></del>
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
۱ ،	·		( )		
l J	omes E. Tic.	Ē		dress (P.O. Box Number is Not Acceptable)	
	1220 500 7-86	0 Th ST	83		
16220 SCU 280Th ST HomesTead F/A 33031 84 City					
	yonestead /		84 City		85 Zip Code
					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					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE COOK PROJECT PROJECT AND ADDRESS OF THE PROJECT AND ADDRESS OF TH					
<del></del>	Signature, typed or printed name of segistered agent at OFFICERS AND		sgistered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	7.00111011000111102011011110	Change Addition
TITLE	william Fle	Jean John	12 NAME		
NAME	william fr	ughan Rd	13 STREET ADDRESS		
STREET ADDRESS		71 37 808			
CITY-ST-ZIP	OR/ANDO F	12. 32.808 □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	Deborah, WI	11			
NAME	Deborah, W	nghanko	22 NAME		
STREET ADDRESS	3278 Shen	2. 32808	2.3 STREET ADDRESS		
CITY-ST-ZIP	ariando Pla	OELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		TI DELEIE	21 TITLE		
NAME			3.2 NAME	الم المحمد المحم	-
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		El pereze	34. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME		· ·	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	1	☐ DELETE	51 TITLE		
NAME		İ	52 NAME		
STREET ADDRESS		ļ	5.3 STREET ADDRESS		i
CITY-ST-ZIP			54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		4 5 . short the information
14 Uhereby o	certify that the information supplied with	this filing does not qualify for th	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ce	Ray that the intormation

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 informatic 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 cath; 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

FRES I GIOTAL

4/27/99 305 247 3700 Dayline Prome 8 5/3744/99 CR2E034 (11/98)