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

PROFIT CORPORATION ANNUAL REPORT

1ST AMERICAN MARKETING SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # **P98000053592**1. Corporation Name

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90064 017 ***150.00

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Principal Place	of Business	Mailing Address				i şêdişeni şin ibini ibili o	#151 ## 111 ##101 ##1#1 #	(1144 HILE) BILLE (BI	((p)(p) (n n)
2536 COUNTRY	•	2536 COUNTRYSIDE BLV	D.						
CLEARWATER F									
	7						WRITE IN THIS	SPACE	
					\ ;	Date Incorporated or Qua	alifed		
						06/12/1998		· · ·	
2. Principal Pl	lace of Business	2a. Mailing Address			1	4. FEI Number		Appli	ied For
21	•	26						Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	red 🗆	\$8.75 Ad	
22		27				3. Certificate of Otatos Desir		Fee Requ	uired
City & State	G	City & State			-	Election Campaign Finan	icing 🗇	\$5.00 м	lay Be
23	٠,	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the	e current year int		_ 1
33	763 25	33763	30			Personal Property Tax.			xt Mo
	9. Name and Address of Curren	t Registered Agent				0. Name and Address of I	New Registered	Agent	
		•		81 Name	P. MA	J. J	/ 5 - 1		
	DNA, HEATHER L			82 Street	Address	(P.O. Box Number is Not Ad	neentable)		
2536	COUNTRYSIDE BLVD.	•		:	536	Countrusia		Ď	
	H FLOOR			11	74	Flore			
ULE#	ARWATER FL 34623			84 City	2.	1		85 Zip Co	ode
					Clean	cwater	FL	. 33	763
11. Pursuant	to the provisions of Sections 607.950 egistered agent, or both, in the State in familiar with and accept the obliga-	2 and 607.1508, Florida Stat	utes, the a	bove-named	l corporat	tion submits this statement for	or the purpose of	changing its re	egistered
office or n	egistered agent, or both, in the State in familiar with and accept the obligation	of Floriday Such change was tions of Section 607.0505. F	autnorized Iorida Stati	i by the corp utes.	oration s	board of directors. Thereby	accept the appoin	A as region	\$16100
			7 M	Duny	THON	,	4/z	:3/99	
SIGNATURE	Signature, typed or printed frame of Tegtstered ager	it and title if applicable. (NO	TE: Registered	Agent signature			DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES T	O OFFICERS AN		
TITLE	D	DELETE	1.1 π	RΕ	P/D			☐ Change	Addition
NAME .	NORTH, TIMOTHY O		1.2 N	WE	NORT	TH, TIMOTHY C)		
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 6T	TH FLOOR	1.3 \$1	REET ADDRESS		Countryside		Third	Floor
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CF	TY-ST-ZIP		_	•	111110	1 1007
TITLE		☐ DELETE	2.1 TI			arwater, FL	33703	☐ Change	Addition
NAME			2.2 N/	ME	S/T	NACT D MAC	ID.V		1
				REET ADDRESS		RNTON, R. MAU		0 - L	7 1 1
STREET AODRESS				TY-ST-ZIP	2530	6 Countryside		Sixtn	1,1001
C/TY-ST-Z/P		☐ DELETE	3.1 TT		Cle	arwater, FL	33763	Change	Addition
TITLE			3.1 N	_	- T			- •	_
NAME									
STREET ADDRESS				REET ADORESS	'				
CITY-ST-ZIP		□ DELETE		ITY-ST-ZIP	 			☐ Change	Addition
TITLE		□ DELETE	4.1 ΤΓ						
NAME			4. 2 N						ļ
STREET ADDRESS			4.3 ST	REET ADDRESS					1
CITY-ST-ZIP		·		TY-ST-ZIP	 				
TITLE		☐ DELETE	5.1 11					☐ Change	☐ Addition
NAME	}		5.2 N/						
STREET ADDRESS				REET ADDRESS	3				
CITY-ST-ZIP				TY-ST-ZIP					
MILE		☐ DELETE	6.1 TI	TLE				Change	☐ Addition
NAME	·		6.2 N/	AME			-		
STORET ANNOUSS			6.3 ST	REET ADDRESS	s				

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 of powered 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 arachment with an express, with all other like empowered.

REMAUTY Thornton

Sec/T

4/27/99 (727)726-0726