

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000054064

1. Corporation Name

WEBMASTERS MARKETING, INC.

Principal	Place	of	Business

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

04-30-1999 90155 024 \*\*\*150.00



Principal Place	e of Business	Mailing Address							
2740 SW MART	rin Downs Blvd. Suite 350	2740 SW MARTIN DOWNS B	LVD. SUI	ITE 3	150				
PALM CITY FL	34990	PALM CITY FL 34990				DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	12 11 11110	OI NOL	
						06/15/1998			1
2. Principal Pl	lace of Business	2a. Mailing Address				A EEI Number		$\overline{}$	Applied For
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Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
22		27			5Certificate_of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28	28			Trust Fund Contribution	ĻJ 	Adde	d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Int	-7	_
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		041		10. Name and Address of New F	Registered	Agent	
епр	N, EVELYN			81	Name				
	) SW MARTIN DOWNS BLVD, SU	IITE 25A	1	82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
	M CITY FL 34990	ML 550	L				<del></del>		
FALI	W CITT I E 34390		*	83					(
			1	84	City		FL	85 Zi	p Code
11 Durayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutos	the sh	0/0-1	named como	ration submits this statement for the		changing	its registered
office or re	registered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was aut	thorized l	by th	e corporation	n's board of directors. I hereby accep	t the appoi	ntment as	registered
SIGNATURE					<del>,</del>		DATE		
	Signature, typed or printed name of registered ager			lgent s	ignature required v		DATE FICERS AN	ID DIREC	TORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: F	13.	_	ignature required v	when reinstating) ADDITIONS/CHANGES TO OF		ND DIREC	
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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 REQUIRED

Daytime Phone #