## 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 # P98000057890

**BIZ-TEC MARKETING, INC.** 

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90123 030 \*\*\*158.75



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Principal Place of Business Mailing Address											
5537 BOULDER		5537 BOULDER BLVD SARASOTA FL 34233						•			
SARASOTA FL			ŀ	DO NOT WRITE IN THIS SPACE							
						Date Incorpor 06/29/199	ated or Qualifed				
2. Principal P	lace of Business	2a. Mailing Address		-		FEI Number	_	-4		Applie	d For
21 362	9 Kinaswood dr	26 P.O. Box 30	015	)	- 1.5	9-35	2692			Not A	plicable
Suite, Apt.				5.	Certifcate of	Status Desired	2	\$8.75 Additional Fee Required			
City & State	e	City & State			6. (	Election Cam	paign Financing		\$5.0	0 ма	y Be
23 Sar	asota FL	28 Arcadia	<u>FL</u>			Trust Fund C				d to F	
Zip	Country	Zip	Country		8.	•	ion owes the curr	ent year Inta		-3	
<u> 24 372</u>	32 25 Sarasota	29 34265 30	<u>ve</u>	<u>sota</u>		Personal Pro	•		☐ Yes	<u> </u>	NO
	9. Name and Address of Current I	Registered Agent	04		10.	Name and A	ddress of New I	Registered /	Agent		
ev.	vington, stephen SR		81	Name							
	82	Street	Address (P.	O. Box Numb	er is Not Accepta	able)					
4820 MIDDLE AVE Sarasota Fl 34234						<del></del>					•
			84	City					85 Z	ip Cod	e
	to the provisions of Sections 607.0502			'		_		<u> </u>	1	·	
agent. I a	m familiar with, and accept the obligatio				required when rei			DATE			
12.	OFFICERS AND DIRECTORS 13.		13.		, A	DDITIONS/C	HANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE				•		Chang		Addition
NAME	SKEVINGTON, STEPHEN 12		1.2 NAME					1	lgno	or e	
STREET ADDRESS	PO BOX 3015 N/A 1.3 ST		1.3 STREE	T ADDRESS				7	•		
CITY-ST-ZIP	ARCADIA FL 34265	_i	1.4 CITY-S	4 CITY- ST-ZIP		_					
TITLE	D	R DELETE	2.1 TITLE		Senior	/ Mark	eting Di	rector	Chang	ge !	Addition
NAME	retford, sean		2.2 NAME		Micha	Michael Ridener 3629 Kingswood Pr				_	
STREET ADDRESS	PO BOX 3015 N/A		2.3 STREE	TADDRESS							
CITY-ST-ZIP	ARCADIA FL 34265	,	2.4 CITY-5	ST-ZIP	Saras	ota F	34232	2			
TITLE		☐ DELETE	3.1 TITLE						Chang	ge	Addition
NAME		Į.	3.2 NAME						lg.	nore	
STREET ADDRESS	الاراجية		3.3 STREE	T ADDRESS					•		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE						Chang	ge	Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	TADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>						
TITLE		☐ DELETE	5.1 TITLE						☐ Chang	ge i	Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	TADDRESS							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE :	* **	☐ DELETE	6.1 TITLE						Chang	ge	Addition
NAME - 5			6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDRESS							

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.