PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PORODOGOO22

	EB MARKETING, INC.	Mailing Address							
Principal Place		ū	. -						
925 INDIAN RIV	VER DRIVE	925 INDIAN RIVER DRIV #1	/E						
SEBASTIAN FL 32958 SEBASTIAN FL 32958						DO NOT WRITE IN THIS SPACE			1
}						3. Date Incorporated or Qualifed			
						07/06/1998			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number 65-0852461		Applicable	
21		26				65-085-161	\$8.75.4		_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		 =		5::Certificate of Status Desired	Fee Re		=
City & Stat		City & State				6. Election Campaign Financing	\$5.00	May Re	'
23		28				Trust Fund Contribution	Added t		-
Zip	Country	Zlp	Cou	untry		8. This corporation owes the current ye	ar Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	nt Registered Agent		\Box		t0. Name and Address of New Regist	ered Agent		
				81	Name	•			
	ukas, robert w			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
925 INDIAN RIVER DRIVE				1_1					•
#1	AAATIIN EL AAAEA			B3				1	
SEB	Bastian FL 32958			B4	City		85 Zip C	ode	
ŀ		-		\perp			FL	ensistered	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta of Florida, Such change wa	tutes, the a	above-	named corp	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as reg	ristered	!
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Sta of Florida. Such change wa tions of, Section 607.0505,	stutes, the a s authorized Florida Stat	above- d by th tutes.	named corp ha corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as reg	ristered	-
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligate.	2 and 607.1508, Florida Ste of Florida. Such change wa flons of, Section 607.0505.				oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as reg	i	
SIGNATURE	Signature, typed or printed name of registered agen	r and title if applicable. (N	OTE: Registered	d Agent		id when reinstating) DA	-77 TE	i	(88)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	r and title if applicable. (No ID DIRECTORS	OTE: Registered	d Agent		<u> </u>	-77 TE	i	(11/98)
SIGNATURE 12	Signature, typed or printed name of registered agen OFFICERS AN	r and title if applicable. (No ID DIRECTORS	OTE: Registered	d Agent		id when reinstating) DA	TE RS AND DIRECTO	i	34 (11/98)
SIGNATURE 12	Signature, typed or printed name of registered agen OFFICERS AN	r and title if applicable. (No ID DIRECTORS	OTE: Registered 13. 1.1 To 1.2 N	d Agent TTLE		id when reinstating) DA	TE RS AND DIRECTO	i	E034 (11/98)
SIGNATURE 12 TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN	r and title if applicable. (No ID DIRECTORS	13. 1.1 Ti 1.3 S	d Agent TTLE	signature require	id when reinstating) DA	TE AND DIRECTO	RS th 12	:R2E034 (11/98)
SIGNATURE 12	Spristure, typod or printed name of registered again OFFICERS AN PRESIDENT AIDUKAS	r and title if applicable. (No ID DIRECTORS	13. 1.1 Ti 1.3 S	TILE TREET	signature require	id when reinstating) DA	TE RS AND DIRECTO	i	.CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN	N and title V applicable. (N ID DIRECTORS DELETE	0TE: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 G	d Agent TILE WAVE STREET/ STY-ST-	signature require	id when reinstating) DA	TE AND DIRECTO	RS th 12	.CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ACCRESS -CITY-ST-ZP TITLE	Robert Adules Spiriture, typed or printed name of registered again OFFICERS AN President Robert Aidukas 925 Indian River On Sebastian FL. 329	TO DIRECTORS DELETE STATE OF THE PROPERTY OF	13. 1.1 Ti 12.N 1.3 S 1.4 G 2.1 Ti 22.N 2.3 S 2.4 C 3.1 Ti 32.N 3.2 S 3.3 S 3.	TILE HAME STREET/ STY-ST- TILE HAME STREET/ STY-ST TILE HAME HAME HAME HAME HAME	ADDRESS /ADDRESS ADDRESS	id when reinstating) DA	S AND DIRECTO Change	RS tN 12 Addition Addition	CR2E034 (11/98)
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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 ennual 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 frustee 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

LATGUELLAE REQUIRED
TURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90207 005 ***150.00