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

**PROFIT** CORPORATION ANNUAL REPORT

1999



**DIVISION OF CORPORATIONS** 

## FILED May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 05-04-1999 90043 044 \*\*\*150.00

DOCU	MENT # P98000	066672			
<ol> <li>Corporatio</li> </ol>	MARKETING, INC.				
1.0.44. N	MARINE HING, INC.		•	1 (#3)(#A)(#10 (#)(#) (#)(#) A)(#) #A(#) #A(#) #A	TIO OTTIO BILLO OTTIO 18010 (187 188)
Principal Plac	e of Business	Mailing Address	·		FIN WINE MITTE WITH INDIA 1481 IANA
3340 C. SCHERER DRIVE 3340 C. SCHERER DRIVE					
ST. PETERSBURG FL 33716 . ST. PETERSBURG FL 33716					
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 07/28/1998	
2. Principal F	Place of Business	2a. Mailing Address	- ·	4. FEI Number	Applied For
21		Suite, Apt. #, etc.		W5-0837017	Not Applicable \$8.75 Additional
Suite, Apt.	#, BC.	27 Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country Zip Country		8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	Ø Yes □ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	ed Agent
	DODATION SEDVICE COMPANY	•	81 Name	OHN M. BRUNSON	
	PORATION SERVICE COMPANY  HAYS STREET			ess (P.O. Box Number is Not Acceptable)	
	LAHASSEE FL 32301-2525		1474	JOEDAN HILLS COURT	
IALI	PAINOOFF IF 9590 1-5959	_	83		İ
			84 City ()		L 85 Zio Code 33756
		1505 #1 11 51 1		· ·=	
office or i	registered agent or both in the State	of Florida. Such change was auf	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
agent. I a	om familiar with, and ancept the obliga	tions of, Section 607.0505, Florid	da Statutes.	. 1	lagha
SIGNATURE	Signature, typed or printed name of registered age	nt and title if conlicable (NOTE: E	Registered Agent signature required	( when reinstating) DATE	28/90)
12		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE ·	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WERNER, TODD C		1.2 NAME		
STREET ADDRESS	3340 C. SCHERER DRIVE		1.3 STREET ADDRESS	,	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAMÉ		
STREET ADDRESS	tangga dan ang ang ang ang ang ang ang ang ang a	- 1 · 21	2.3 STREET ADDRESS		Carl Same Carlo
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		
TITLE	1	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	,	DELETE	4.1 TITLE		
NAME	<u> </u>		4. 2 NAME 4.3 STREET ADDRESS		)
STREET ADDRESS				•	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<del>_</del> - <del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP		
			0.4 O(1) G) Zii		
TITLE	1971000 107 109	☐ DELETE	6.1 TITLE	<del></del>	☐ Change ☐ Addition
TITLE NAME	1977 Carl 18 2 18 2 18 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
•		DELETE	6.1 TITLE		☐ Change ☐ Addition

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:**