


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90051 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000070005 1. Corporation Name FORTUNE MARKETING & CAPITAL CONSULTANTS, INC.		



Principal Place of Business 1205 U.S. HWY 17/92 LONGWOOD FL 32750		Mailing Address 1205 U.S. HWY 17/92 LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1998	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-3526778	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/>		
23	28	Trust Fund Contribution	<input type="checkbox"/>		
Zip	Country	8. This corporation owes the current year Intangible	<input type="checkbox"/>		
24	25	Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
29	30				
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SAMBLIS, STEVE 951 WATER BURY LANE LONGWOOD FL 32750		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMBLIS, STEVE		1.2 NAME		
STREET ADDRESS	1205 S. U.S. HWY. 17/92		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLARD, DERRALL		2.2 NAME		
STREET ADDRESS	1205 S. U.S. HWY. 17/92		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ, ART		3.2 NAME		
STREET ADDRESS	1205 S. U.S. HWY. 17/92		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

4-17-99 407-696222