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

May 13, 1999 8:00 am Secretary of State

05-13-1999 90005 044 ***150.00

DOCUMENT	·#
 Corporation Name 	
Phiors	First Marketing Corp

Principal Place of Business N	lailing Address				
555 Fillmore Aue # Cape Canaveral, FL	FZOR P.O. 8	30x 1925 anaveral			
0 0	0 0-0		DO NOT WRITE	IN THIS SPACE	
(apelanaveral, th	apec	anavera.	3. Date Incorporated or Qualifed	7	
37	1920	3292(00197	<u> </u>	
2. Principal Place of Business	. Mailing Address	Λ	4. FEI Number	7/4 11	olied For
21 26		4\	15 4-30 20		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 A	1
22 27	City & State	 	C Flatin Carrier Financing		
City & State	City & State	•	6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 r	, ,
23 28	Zip C	Country	8. This corporation owes the current		
24 25 29	30	ŕ	Personal Property Tax.		k (iNo
9. Name and Address of Current Regis			10. Name and Address of New Re	gistered Agent	•
		81 Name	- Same		
Kern Smith		/ 82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
555 Fill more A	10 #2NR 4	S.10017101	areas (Fig. 20x Hallison to Hat Fast Fig.		
		83			
Cape Canaveral,	Flores	84 City		85 Zip C	ode
l ,		'		<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Flori	607.1508, Florida Statutes, th	e above-named con	rporation submits this statement for the pution's board of directors. I bereby accept	urpose of changing its i	registered
agent. I am familiar with, and accept the obligations o	f, Section 607.0505, Florida S	Statutes.	tion's board of directors. Frictory doospe	- 1 /- A	,
SIGNATURE X A Shuth	•			3/17/99	
Signature, typed or printed hame of registered agent and title		tered Agent signature requi	ared when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	PS IN 12
12. OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFI	Change	Addition
Mern Smith Pre	'S . — `	I.1 TITLE		Gilange	
NAME STREET ANDRESS 555 Fillmore Aue	* #FZOX	2 NAME			
	T/ 20020	3 STREET ADDRESS			
		.4 CITY-ST-ZIP		Change	Addition
Bethe Smith Sec		2.2 NAME			_
NAME STREET ANDRESS 555 Fillmore AL	re#208 :	3 STREET ADDRESS			
SINCE ADDITION	1	4 CITY-ST-ZIP -	<u>.</u>	_ ,	
	The Delete In	1 TITLE		Change	Addition
MANE Erich Bourgau	11 Tickes 13	2 NAME	•		. }
STREET ADDRESS 4396 Winner 5 Ci	< 5to 2624	3 STREET ADDRESS			
CITY-ST-ZIP Sara SOta, FL	34738	4. CITY-ST-ZIP			
TITLE		I TITLE		☐ Change	☐ Addition
NAME	4	I, 2 NAME			
STREET ADDRESS	1 4	.3 STREET ADDRESS			1
CITY-ST-ZIP	4	.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		☐ Change	Addition
NAME	5	5,2 NAME			
STREET ADDRESS	5	3.3 STREET ADDRESS			
CITY-ST-ZIP	∦ 5	4 CITY-ST-ZIP			
TITLE	☐ DELETE 6	1 TITLE		☐ Change	Addition
NAME	6	5.2 NAME			
STREET ADDRESS	6	3.3 STREET ADDRESS			Ì
	, M	A PITY - 91 - 710			į,

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, on on an attachment with an address, with all other like empowered.

SIGNATURE: