

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 # P98000078198

1. Corporation Name

THE PROMOTIONS DEPARTMENT, INC.

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 024 ***150.00



Principal Place of Business
1608 STONE CREEK DRIVE
TARPON SPRINGS FL 34689
3696 Ulmerton Rd. suite 202
CLEAR, FL. 33762

Mailing Address
1608 STONE CREEK DRIVE
TARPON SPRINGS FL 34689
3696 Ulmerton Rd suite 202
Clearwater, FL. 33762

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3696 Ulmerton Rd.
Suite, Apt. #, etc.
22 Suite 202
City & State
23 Clearwater, Florida
Zip Country
24 33762 25 Pinellas

2a. Mailing Address
26 3696 Ulmerton Rd.
Suite, Apt. #, etc.
27 Suite 202
City & State
28 Clearwater, Florida
Zip Country
29 33762 30 Pinellas

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3534320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AVERY, JASON M
1608 STONE CREEK DRIVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres./CEO
AVERY, JASON M
1608 STONE CREEK DRIVE
TARPON SPRINGS FL 34689

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Angela D. Reuter
1608 Stone Creek Drive
Tarpon Springs, FL 34689

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Pres./CEO

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CFO
Angela D. Reuter
1608 Stone Creek Drive
Tarpon Springs FL 34689

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99

727-422-0979

CR2E034 (1/1/98)