## - 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 # P98000081806

CALIBER MARKETING CORP.

Princi	pal Place of B	usiness
21465	WOODCHUCK	LANE

Mailing Address

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90056 038 \*\*\*150.00



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21465 WOODCHUCK LANE BOCA RATON FL 33428		21465 WOODCHUCK LANE BOCA RATON FL 33428		DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed	<del></del>	·
		٠,			09/18/1998		·
2. Principal Pi	ace of Business	2a. Mailing Address			A FEI Number	Ar	oplied For
21		26			65-0871086	_ No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27			5. Certificate di Status Desireo	Fee Re	equired
City & State	e	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. ☐ Yes ZNo		<b>№</b> No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
	BONS, PATRICK E		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
21465 WOODCHUCK LANE		1		adious (1.70), box (rainos) is from resopration			
BOC	A RATON FL 33428		83				
			_			as 7in	Code
			84	City	· FL	85 Zip	Code
44 Dureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the abov	e-named cor	poration submits this statement for the purpose of c	hanging its	registered
office or r	egistered agent or both in the State	e of Florida. Such change was au	itnonzea ov	the corporal	ion's board of directors. I hereby accept the appoint	ment as re	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	5.			
SIGNATURE		(NOTE:	Barretored Age	est signatura roqui	red when reinstating) DATE		
40	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
12.	DP OFFICERS A	DELETE	1.1 TITLE		ADDITIONOTING CO. T.	Change	Addition
TITLE	<del></del> -		1.2 NAME				
NAME	GIBBONS, PATRICK E			-T + DDDD=00			
STREET ADDRESS	21465 WOODCHUCK LANE			TADDRESS		•	
CITY-ST-ZIP	BOCA RATON FL 33428	☐ DELETE	1.4 CITY-5	ST-ZIP		Change	Addition
TITLE		□ bere ie	2.1 TITLE			□ onango	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	İ		Change	☐ Addition
NAME			3.2 NAME	į	•		
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME		the community of the control of the	-	-
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	- 1			
TITLE		☐ DELETE	5.1 TITLE			` Change	Addition
NAME		<del>_</del> : <del>-</del> :	5.2 NAME			· , , , ,	* , ,
				TADDRESS	स्त्रीत्वराज्ञाति । स्त्रीत्वराज्ञाति । स्त्रीति		
STREET ADDRESS			5.4 CITY-1	1	in the state of th		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	o, zii		☐ Change	Addition
TITLE			62 NAME		•		
NAME.				i			
STREET ADDRESS			- 1	ET ADDRESS			
CITY-ST-7IP	1		64 CITY-5	ST-ZIP	•		

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 impowered.

SIGNATURE: