

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000085999**

Corporation Name

GROUP MARKETING, INC.

Principal Place of Business

17 SEVILLE BLVD. #11203
CLEARWATER FL 34624

Mailing Address

2717 SEVILLE BLVD. #11203
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

59-3538709

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2727 Wilmerton Rd.

Suite, Apt. #, etc.

310

2a. Mailing Address

26. SUMMIT

Suite, Apt. #, etc.

27. City & State

Clearwater, FL

Zip Country

33762 USA

28. City & State

29. Zip

Country

30. City

9. Name and Address of Current Registered Agent

POPE, CURTIS A
2717 SEVILLE BLVD. #11203
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

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 of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> DELETE
1.2 NAME	Curtis Pope	
1.3 STREET ADDRESS	2717 Seville Blvd	
1.4 CITY-ST-ZIP	Clearwater, FL 34624	
2.1 TITLE	V.P.	<input type="checkbox"/> DELETE
2.2 NAME	Sum...	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secy.	<input type="checkbox"/> DELETE
3.2 NAME	Sum...	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> DELETE
4.2 NAME	Sum...	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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1.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 008 ***550.00



CR2E034 (5/99)

27-573-5157