

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

09-07-1999 90001 008 \*\*\*550.00

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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1998	4. FEI Number 59-3538709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POPE, CURTIS A 2717 SEVILLE BLVD. #11203 CLEARWATER FL 34624				81 Name Sumb			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME Curtis Pope		1.2 NAME Curtis Pope	
3. STREET ADDRESS 2717 Seville Blvd		1.3 STREET ADDRESS 2717 Seville Blvd #11203	
4. CITY-ST-ZIP Clearwater, FL 34624		1.4 CITY-ST-ZIP Clearwater, FL 34624	
5. TITLE V.P.	<input type="checkbox"/> DELETE	2.1 TITLE V President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME Sumb		2.2 NAME Curtis Pope	
7. STREET ADDRESS Sumb		2.3 STREET ADDRESS 2717 Seville Blvd #11203	
8. CITY-ST-ZIP Sumb		2.4 CITY-ST-ZIP Clearwater, FL 34624	
9. TITLE Sect.	<input type="checkbox"/> DELETE	3.1 TITLE Sect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME Sumb		3.2 NAME Curtis Pope	
11. STREET ADDRESS Sumb		3.3 STREET ADDRESS 2717 Seville Blvd #11203	
12. CITY-ST-ZIP Sumb		3.4 CITY-ST-ZIP Clearwater, FL 34624	
13. TITLE Treasur	<input type="checkbox"/> DELETE	4.1 TITLE Treasur	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME Sumb		4.2 NAME Curtis Pope	
15. STREET ADDRESS Sumb		4.3 STREET ADDRESS 2717 Seville Blvd #11203	
16. CITY-ST-ZIP Sumb		4.4 CITY-ST-ZIP Clearwater, FL 34624	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		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]* **REQUIRED** Date: 277-573-5157 Daytime Phone #

CR2E034 (5/99)