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Apr 12, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000088532

1. Corporation Name
FLORIDA PROMOTIONAL SYSTEMS, INC.



Principal Place of Business Mailing Address
~~1261 N.E. 27TH AVENUE~~
~~POMPANO BEACH FL 33062~~
6583 Bayfront Drive
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **2651 N ROCK ISLAND RD** 26 **2651 N. ROCK ISLAND RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#202** 27 **#202**
City & State City & State
23 **MARGATE, FL** 28 **MARGATE, FL**
Zip Country Zip Country
24 **33063** 25 **USA** 29 **33063** 30 **USA**

3. Date Incorporated or Qualified
10/16/1998
4. FEI Number **65-0869445** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~MAGRO, MADELINE~~ **MARK VERCELOTE**
~~1261 N.E. 27TH AVENUE~~ **6583 BAYFRONT DRIVE**
~~POMPANO BEACH FL 33062~~ **MARGATE, FL 33063**

10. Name and Address of New Registered Agent
81 Name **MARK VERCELOTE**
82 Street Address (P.O. Box Number is Not Acceptable)
2651 N ROCK ISLAND RD
83 **#202**
84 City **M** 85 Zip Code **FL 33063**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAGRO, MADELINE	
STREET ADDRESS	1261 N.E. 27TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VERCELOTE, MARK	
STREET ADDRESS	6583 BAYFRONT DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VERCELOTE, MARK
2.3 STREET ADDRESS	2651 N ROCK ISLAND RD #202
2.4 CITY-ST-ZIP	MARGATE, FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 empowered.

SIGNATURE: *Mark Vercelote* **MARK VERCELOTE** **4/2/99** **954-757-0704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0156118

CR25034/11/98