

1999.

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

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90004 016 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                                                                  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |                                                                                                                    |
| <b>DOCUMENT # P98000091335</b><br>1. Corporation Name<br><b>B.P. SALES &amp; MARKETING CONSULTANTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
| Principal Place of Business<br><b>2075 BEE RIDGE RD. STE C</b><br><b>SARASOTA FL 34239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | Mailing Address<br><b>2075 BEE RIDGE RD. STE C</b><br><b>SARASOTA FL 34239</b>                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                    |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
| 2. Principal Place of Business<br>21 <b>\$180 Proctor Road</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   | 2a. Mailing Address<br>28 <b>P.O. Box 20969</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                           |                                                                                                                               | 3. Date Incorporated or Qualified<br><b>10/26/1998</b>                                                             |
| 22 <b>Sarasota, FL</b><br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 27 <b>Sarasota, FL</b><br>City & State                                                                                                                                                                                                                                                           |                                                                                                                               | 4. FEI Number<br><b>65-0882794</b>                                                                                 |
| 23 <b>34233</b><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 29 <b>34276</b><br>Zip                                                                                                                                                                                                                                                                           |                                                                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |
| 24 <b>Sarasota</b><br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   | 30 <b>Sarasota</b><br>Country                                                                                                                                                                                                                                                                    |                                                                                                                               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
| 9. Name and Address of Current Registered Agent<br><b>PATRICK, CARL E ESQ.</b><br><b>2828 PROCTOR RD</b><br><b>SARASOTA FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   | 10. Name and Address of New Registered Agent<br>81 Name <b>Patrick, Carl E ESQ.</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>6823 Old Ranch Road</b><br>83<br>84 City <b>Sarasota</b> <b>FL</b> 85 Zip Code <b>34241</b>                                                      |                                                                                                                               |                                                                                                                    |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>D</b> <input type="checkbox"/> DELETE<br>NAME <b>PLUMMER, ROBERT D</b><br>STREET ADDRESS <b>2975 BEE RIDGE RD, STE C</b><br>CITY-ST-ZIP <b>SARASOTA FL 34239</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <b>President/ Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME <b>Plummer, Robert D</b><br>1.3 STREET ADDRESS <b>4152 Proctor Road</b><br>1.4 CITY-ST-ZIP <b>Sarasota, FL 34233</b> |                                                                                                                               |                                                                                                                    |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>                                                                                                                                                             |                                                                                                                               |                                                                                                                    |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>                                                                                                                                                             |                                                                                                                               |                                                                                                                    |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>                                                                                                                                                             |                                                                                                                               |                                                                                                                    |
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| 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. |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                    |

CR2E034 (5/99)