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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000092498**

Corporation Name

ALL MEDIA SOLUTIONS INC.

Principal Place of Business Mailing Address 3572 WEST LANTANA ROAD 3572 WEST LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/29/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees 23 28 Trust Fund Contribution Zip Country This corporation owes the current year Intangible Zip Country 24 25 30 Personal Property Tax. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATE CREATIONS ENTERPRISES, INC. 82 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 83 84 nits this statement for the purpose of changing its registered f directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida, Statutes, the above-named coffice or registered agend or both, in the State of Florida. Such change was authorized by the corporagent. I am fartilizativith and accept the obligations of, Section 607.0505, Florida Statutes. board of directors. I hereby egistered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition ☐ DELETE TITLE D 11 TITLE MARINO, SCOTT NAME 1.2 NAME 3572 WEST LANTANA ROAD 1.3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE SHREVE, STEVE 22 NAME NAME 3572 WEST LANTANA ROAD 2.3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change TITLE ☐ DELETE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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:

C/TY-ST-ZIP

KEIRICE GUIRED

FILED

Secretary of State

03-17-1999 90075 002 ***150.00

Mar 17, 1999 8:00 am

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