

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
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 # **P98000100298**

Corporation Name

**NEWBREED MARKETING, INC.**

Principal Place of Business

1213 N. OCEAN BOULEVARD  
FT. LAUDERDALE FL 33305

Mailing Address

3213 N. OCEAN BOULEVARD  
FT. LAUDERDALE FL 33305

Principal Place of Business

**26** **2a. Mailing Address**

Suite, Apt. #, etc.

**27** **Suite, Apt. #, etc.**

City & State

**28** **City & State**

Zip

**25** **Country**

**29** **Zip** **30** **Country**

**9. Name and Address of Current Registered Agent**

**BLACKBURN, ACE J JR  
2312 WILTON DRIVE  
WILTON MANORS FL 33305**

**81** **Name**

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

**83**

**84** **City**

**FL** **85** **Zip Code**

**10. Name and Address of New Registered Agent**

I. 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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D <input type="checkbox"/> <b>MOORE, KEVIN</b>	<input type="checkbox"/> <b>DELETE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			1.2 NAME	
STREET ADDRESS	1830 S.W. 10TH AVENUE		1.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33315		1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> <b>MAGGIO, JEFF</b>	<input type="checkbox"/> <b>DELETE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			2.2 NAME	
STREET ADDRESS	639 N.E. 17TH WAY		2.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33304		2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> <b>BLACKBURN, ACE J JR</b>	<input type="checkbox"/> <b>DELETE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	2312 WILSON DRIVE		3.2 NAME	
STREET ADDRESS	WILTON MANOR FL 33305		3.3 STREET ADDRESS	
Y-ST-ZIP			3.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> <b>DELETE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> <b>DELETE</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		<input type="checkbox"/> <b>DELETE</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
Y-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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

954-636-1550

Daytime Phone #

0062463

CR2E034 (5/99)

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90032 009 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/02/1998**

4. FEI Number

**65 - 0878339**

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.

Yes

No

0062463