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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000100375

in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TILBOR MARKETING & DEVELOPMENT INC.

Principal Place of Business 4707 VAN KLEECK

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

NEW SMYRNA BEACH FL 32169

4707 van Kleeck New Smyrna beach fl 32169

4707 VAN KLEECK

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90006 007 ***150.00

58/779 - 90006 - 7

Applied For

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

59-3545588

5. Certificate of Status Desired

12/02/1998

4. FEI Number

City & State City	22		27					i		reer	Required	
Zip								6. Election Campaign Financing		\$5.00	0 May Be	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent WRIGHT, THOMAS D 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 18. Name 18. Sirest Address of New Registrered Agent 19. Name and Address of New Registrered Agent 19. Note the provision of sections 697.0502 and 607.0503, Florida Statutes 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F.O. Box Number is Not Acceptable) 19. Name and Address (F	<u></u>			28				Trust Fund Contribution		Added	d to Fees	
WRIGHT, THOMAS D 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 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 agent. or horb, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. or horb, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILBOR, NEIL 13. TILE 13. TILE 13. TILE 13. TILE 14. CITYST2P NEW SMYRNA BEACH FL 32169 14. CITYST2P NEW SMYRNA BEACH FL 32169 15. TILLE 1	Zip	Country		Zip	Cou	ntry		8. This corporation owes the curre	ent year _			
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WRIGHT, THOMAS D 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of section 607.0506, Florida Statutes. SIGNATURE Signature, hyped or pirited name of registered agent and title if explicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. TOP IN THE DISTRIPLY		9. Name and Address of Currer	nt Registe	ered Agent				10. Name and Address of New R	egistered	Agent		
340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 83 84 City FL 85 Zip Code						81	Name					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE TITLE CHANGES STREET ADDRESS CITYST2P TITLE CHANGES CITYST2P TITLE CHANGE	340 N CAUSEWAY						82 Street Address (P.O. Box Number is Not Acceptable)					
T1. Pursuant to the provisions of sections 607.0502 and 807.1508, 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. Thereby accept the epipolismont as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the epipolismont as registered of the following property of the provision of section 607.0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE D												
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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. Thereby accept the eppointment as registered office or registered agent, and accept the obligations of, section 607.6305, Floridas Statutes. SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissiling) DATE						0.4	Cit.			05 70	- Codo	
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SIGNATURE Signatura, typed or printed name of registered agent and 856 # Engistered Agent signature required when remaining) DATE	office or	registered agent, or both, in the State	of Florida	 a. Such change was a 	authorize	d by	the corporati					
NOTE: Registered Agent injunture required when rentabling OATE	•	· · · · ·	auons of,	Section 607.0005, FR	onda Stat	utes.	<u> </u>					
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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	14. I hereby c	ertify that the information supplied with	this filing	does not qualify for t	he exemp	tion	stated in sec	tion 119.07(3)(i), Florida Statutes. I furt	her certify	that the info	ormation	

4707 VAN KLEECK DRIVE, NEW SMYRNA BEACH, FL 32169 (904) 426-2922 Fax (904) 426-5956

July 2, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is our completed 1999 Profit Corporation Annual Report Packet, together with our check for \$150.

This is our Second Notice. We are newly incorporated and, not being familiar with this form, misdirected our first notice. We would greatly appreciate it if you would waive the \$400 late fee. Today I spoke with Ms. Marie Bartlett in your Corporations Department and she suggested that we send this letter requesting the waiver.

Thank you in advance for your consideration.

Lori M. Campbell Vice President

cc: Neil Tilbor

Enclosures