FILED Apr 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104329

1. Corporation Name

	STMENTS & MA	HKETING IN								
	e of Business		Mailing Add						- "	
101 Briny Avei Suite 1705	NUE		101 Briny av Suite 1705	ENUE				1		
			POMPANO BE	ACH FL 3303	2			DO NOT WRITE IN THE	SPACE	
								3. Date Incorporated or Qualifed		
				···				12/14/1998		
-	Place of Business		2a. Mailing A	Address				4. FEI Number	⊢	polied For
21			26					62-0867701		ot Applicable
Suite, Apt.	. #, etc.		Suite, Ap	ot. #, etc.				5. Certificate of Status Desired		Additional equired
City & Star	te		City & S	tate				6. Election Campaign Financing		May Be
23			28					Trust Fund Contribution		to Fees
Zip	Cour	itry	Zip		Count	try		8. This corporation owes the current year in	ntangible	
24	25		29		30			Persor at Property Tax.	☐ Yes	I⊒No
	9. Name and Add	ress of Current	Registered Age	ent		_		10. Name and Address of New Registered	Agent	
04.00	N E.E				[8	31	Name			
	DI, EVE				8	32	Street Ac dre	ess (P.O. Box Number is Not Acceptable)		
	Briny Avenue E 1705									
	e 1703 Pano Beach FL 3:	2062			8	33				
FUIVI	PANO DEACH PL S	3002			8	34	City		85 Zip	Code
		·				_1		ration submits this statement for the purpose of		
agent. a	am familiar with, and a	cept the obligation	ons of, Section 6	607.0505, Fk	rida Statute	es.	signature required	n's board of directors. I hereby accept the app: when reinstating) DATE		
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	250	_	Γ	DELETE	1,1 TITLE	E			Change	Addition
NAME		IHM			1 2 NAM	Ε				
STREET ADDRESS	13100 MM	"ILOU"	3		1.3 STRE	EET A	ADDRESS			
CITY-ST-ZIP	MINISE	<u>xc. 3</u>	<u> 33333-</u>	7 05: 555	1.4 CITY-	_	ZIP			
TITLE			ī	DELETE	2.1 TITLE				Change	Addition
NAME					2.2 NAME		(
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP] DELETE	2. 4 C/TY 3.1 T/TLE		-ZIP		Change	Addition \
TITLE NAME			L	VLLEIL	3.1 III LE 3.2 NAME					
STREET ADDRESS	ļ						ADDRESS			
CITY-ST-ZIP	1				3.4. CITY		ì			
TITLE				DELETE	4.1 TITLE		-21		Change	Addition
NAME					4. 2 NAM	KE.				
STREET ADDRESS							ADDRESS			}
CITY-ST-ZIP					4.4 CITY-					
TITLE		_ 		DELETE	51 TITLE				Change	Addition
NAME					5.2 NAM	E				
STREET ADDRESS	İ				5.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP					5.4 CITY-	-ST-	ZIP			
TITLE				DELETE	6.1 TITLE				Change	Addition

14. I hereby pertify 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURI: AND TYPED OR PRINTED NAME OF SIGNING OFFICER (IT DIRECTOR

D lytime Phone #