PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00956

1. Corporation Name

ROSSI MARKETING, INC.

Mailing Address Principal Place of Business 217 RIDGEWOOD AVE 217 RIDGEWOOD AVE. HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 09/18/1990 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-3040597 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country □No Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MONACO, HOOD & PERKINS, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 444 SEABREEZE BLVD. 83 SUITE 900 DAYTONA BEACH FL 32118 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change □ DELETE 1.1 TITLE TITLE 1.2 NAME ROSSI, PEGGY NAME 1.3 STREET ADDRESS 3756 CARDINAL BLVD. STREET ADDRESS DAYTONA BEACH FL 32127 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME

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 of 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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90049 001 ***150.00

CR2E034 (11/98)