Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90208 001 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MARKETING TECHNOLOGI	ES, INC.								
						I REPORTE LEE VINIT PEUT EN LE VILLE VERT EL VILLE V				
Principal Place of Business Mailing Address										
91 FIELDCREST RARITAN PLAZA EDISON NJ 038	A II	91 FIELDCREST AVE RARITAN PLAZA II EDISON NJ 08837				DO NOT WRITE IN THIS SPACE				
					_	3. Date Incorporated or Qualifed 03/13/1991				
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For			
21		26				65-0285206			Applicable	
Suite, Apl. #, etc. Suite, Apt. #, 22			rtc.			5. Certifcate of Status Desired □	\$8.75 Additional Fee Required			
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country Zip Co			G. This doile that the same year			ngible:		,	
24	25	29	30		_	Personal Property Tax.	Yes	}	Z (√o	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	<u>ugent</u>			
				B1	Name					
COPPORATION SERVICE COMPANY 1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301				83						
										
			4	84	City	FL		Zip Co		
office or r agent. I a	o the provisions of Sections 607.0502 egistered agent, or both, in the State of an familiar with, and accept the obligation	r Einnda. Such change was au	i iorizea	DV I	-named he corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoin	hangir tment a	ig its re as regi	egistered st∈red	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R spistered					signature re	equired when reinstating) DATE				
12.	OFFICERS AND D RECTORS 13					ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PVTD	☐ DELETE	1.1 TITL	1.1 TITLE			☐] Cha	ange	[] Addition	
NAME	DIDOMENICO, JOHN		1.2 NAME							
STREET ADDRESS	OTT ILLESOTION		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	EDISON NJ 08837		1.4 CITY-		ZIP		. —			
TITLE	\$	☐ DELETE	2.1 TITLE			Secretary	Cha	ange	☐ Addition	
NAME DIDOMENICO, BARBARA ESQ 22N			2.2 NA	2.2 NAME		Barbara D. Geary, Esq.				
STREET ADDRESS 91 FIELDCREST AVE				2.3 STREET ADDRESS		01 Fielderest Ave				

3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP THE ST ZIF [] Change Addition DELETE 4.1 TITLE HILE 4. 2 NAME 4.3 STREET ADDRESS - -_- ADDRESS 4.4 CITY-ST-ZIP ST-ZIP .Addition [] Change DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS ··· I ADDRESS 5.4 CITY-ST-ZIP [] Change .ddition 3.1 TITLE DELETE 3.2 NAME

2. 4 CITY-ST-ZIP

3.1 TITLE

☐ DELETE

Edison,

I hereby certify that the information supplied with this illing 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 0 ath; 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.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

----NATURE:

···__: AUDRESS

EDISON NJ 08837

CITY-ST-ZIP

TITLE

D OR PRINTE! NAME OF SIGNING OFFICER OR DIRECTOR John Di Domenico, President

Addition

Change