## 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

DOCUMENT # S45248

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90097 011 \*\*\*150.00

ADVANTAGE MARKETING, INC.					
Principal Place of Business 11860 NW 24 ST. PLANTATION FL 33323		Mailing Address 11860 NW 24 ST. PLANTATION FL 33323			
1			•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
Principal Place of Business     2a. Mailing Address			04/12/1991		
21		26		4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0251158 Not Applicable	
City & State		27		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
23		City & State			
Zip Country		28		6. Election Campaign Financing	
24	25	Zip <b>29</b>	Country	8. This corporation owes the current year Intangible	
	9. Name and Address of Ca	urrent Registered Agent	30	Personal Property Tax.	
			81 Name	10. Name and Address of New Registered Agent	
KU.	EIN, STEVEN				
11860 NW 24 ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ן יי	ANTATION FL 33323		83	This year of the first the	
			84 City	85 Zip Code	
11. Pursuan office or	t to the provisions of Sections 607	.0502 and 607:1508, Florida Statu	tes, the above-named corp	poration submits this statement for the purpose of changing its registered	
agent. I SIGNATURE	ent is the or	or, Section 607.0505, Fig	authorized by the corporation or the corporation of	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	E: Registered Agent signature required	d when reinstating) DATE	
TITLE	P	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	KLEIN, STEVEN H.	☐ DELETE	1.1 TITLE ·	☐ Change ☐ Addition	
STREET ADDRESS	1		1.2 NAME	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	PLANTATION FL		1.3 STREET ADDRESS	·. •	
TITLE		☐ DELETE	1.4 CITY-ST-ZIP		
NAME		LI DECLIE	2.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	,.		2.2 NAME	·	
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		
NAME			3.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP		
NAME		☐ DELETE	5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP	•		T 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TITLE			5.3 STREET ADDRESS		
IAME	•	□ DELETE	5.4 CITY-ST-ZIP		
1		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	
TREET ADDRESS		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	☐ Change ☐ Addition	
	`. · •	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition	

I hereby carify 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 Block 12 or Block 13 if changed, or one an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FUNDED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 954 47/7/25

CR2F034 /11/0