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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

|--|

04-22-1999 90154 011 ***150.00

DOCUMENT # V01974 1. Corporation Name	
WATERMARK PUBLIC RELATIONS AND MARKETING,	INC.

-	NEW HAVEN AVE OURNE FL		516 E NEW AVEN AVE MELBOURNE FL US			DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed					
2.	Principal Place of Business	2a	. Mailing Address			12/23/1991 4. FEI Number		Applied For				
21		26	= 1 22_	-		59-3099657		Not Applicable				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
23	City & State	28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
24	Zip Country	29	Zip Co	untry		This corporation owes the current year It Personal Property Tax.	ntangible Yes	□No				
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
THOMPSON, LYNNE R.				81	Name	-,						
529 E. NEW HAVEN AVENUE MELBOURNE FL 32902			82	2 Street Address (P.O. Box Number is Not Acceptable)								
			83									
	•			84	City	FI	L 85 Z	Zip Code				
11	. Pursuant to the provisions of Sections 607.050)2 and (607.1508, Florida Statutes, the	above	-named corpo	pration submits this statement for the purpose of	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

añeili' i a	in lamilar with, and accept the obligations of, oed	51011 001.0500, 1 101	iga Ciatotes.			1	
SIGNATURE	: Signature, typed or printed name of registered agent and title if appl	inoble (NOTE:	Registered Agent signature requin	ad when reinstation)	DATE/		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES		ND DIRECTOR	RS IN 12
TITLE	CEO	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	☐ Change	Addition
NAME	WATERS, MARILYN J.		1.2 NAME		*		_
STREET ADDRESS			1.3 STREET ADDRESS		-		
			l i				
CITY-ST-ZIP	MELBOURNE FL	DELETE	1.4 CITY-ST-ZIP			Change	☐ Addition
TITLE	VP	Derese	2.1 TITLE			☐ Orlange	
NAME	STARLING, MERRY LYNN		22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	•	-,	٠.	
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY+ST-ZIP				
TITLE	P	☐ DEFELE	3.1 TITLE			Change	Addition
NAME	JAMES, JANNETTE E.		3.2 NAME				
STREET ADDRESS	22 COUNTRY CLUB RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA BCH. FL	-	3.4. CITY-ST-ZIP				
ΠΊLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	ľ		5.3 STREET ADDRESS				
CITY-ST-ZIP	L		5.4 CITY+ST-ZIP				
TITLE	(,,	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	•			
CITY, ST. 7IP			6.4 CITY-ST-ZIP				

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 or the receiver or flustee 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 attachanged with an address, with all other like empowered.

SIGNATURE: