PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90188 020 ***150.00

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MEDLY I	MARKETING, INC.			LARAM AMAN AMAN AMAN AMAN MANA MANA MANA
Principal Plac	e of Business	Mailing Address	_	T 10051 OLEGAT DOLLO ORTHO ATHER THEIR STATE OF THE OTHER CHAIL OF THE TRAIN CLOSE OF THEIR CONTRACTOR OF
13750 W. DIXIE		12555 BISCAYNE BLVD		
N. MIAMI FL 33		#705		
		M. MIAMI FL 33181		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
a Calasiasi D	Hann of Business	a- Mailing Address		01/14/1992 4. FEI Number Applied For
_	Place of Business	2a. Mailing Address		65-03 15692 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_ \$8.75 Additional
22	.,	27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State	_	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 3		Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent	94 >>	10. Name and Address of New Registered Agent
WHI	IMORE, JUDITH		81 Name	COBERT KUHNLE
	O W. DIXIE HWY		82 Street Add	ress_(P.O. Box Number is Not (cceptable)
1	AMI FL 33161		83	3/ 60 W. Dixie HWY.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		65	
			84 City	1. MIAMI FL 85 733161
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of changing its registered
office or r	regi atered age nt, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was aut pations of, Section 607.0505, Florid	la Statutes.	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Lafent Fu	hale K	BEET KO	1714 =
OIGHATORE	Signature, typed or printed name of registered as	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature require	ed when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WHITMORE, JUDITH	S petti te	1.2 NAME	NOST ROBERT Change Addition
NAME	13750 W. DIXIE HWY		1.3 STREET ADDRESS	15750 W. DIXIE HWY
STREET ADDRESS	N. MIAMI FL 33161		1.4 CITY-ST-ZIP	N. MIAMI, FL. 33161
CITY-ST-ZIP	14. 142 414 1 2 33 13 1	☐ DELETÉ	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS	}		2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	ļ <u>.</u>		4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	□ Glarige □ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			I .	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS	1			
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP	· ·

CITY-ST-ZIP 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 exemporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: