

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # V21837

1. Corporation Name  
**SOCK MARKETING OF FLORIDA, INC.**



Principal Place of Business: 15240 POND WOODS DR E TAMPA FL 33618-1804  
 Mailing Address: 15240 POND WOODS DR E TAMPA FL 33618-1804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4915 MELLOW CT.</b>		2a. Mailing Address 26 <b>4915 MELLOW CT.</b>		3. Date Incorporated or Qualified <b>03/16/1992</b>	
22 <b>TAMPA, FLORIDA</b>		27 <b>4915 MELLOW CT.</b>		4. FEI Number <b>59-3106824</b>	
23 <b>33624</b>		28 <b>TAMPA FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33624</b>		29 <b>33624</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 <b>HILLSBORO</b>		30 <b>HILLSBORO</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOCK, JUSTIN TODD</b> <b>15240 POND WOODS DR E</b> <b>TAMPA FL 33618-1804</b>				10. Name and Address of New Registered Agent			
81 Name <b>JUSTIN TODD SOCK</b>				82 Street Address (P.O. Box Number is Not Acceptable)			
83 <b>4915 MELLOW CT.</b>				84 City <b>TAMPA</b> FL 85 Zip Code <b>33624</b>			

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: *[Signature]* DATE: **1-22-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SOCK, JUSTIN</b>		1.2 NAME	
STREET ADDRESS: <b>15240 POND WOODS DR. E.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TAMPA FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DANA SOCK</b>		2.2 NAME	
STREET ADDRESS: <b>15240 POND WOODS DR. E.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TAMPA FL</b>		2.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 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 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.

SIGNATURE: *[Signature]* - President DATE: **2/1/99** Daytime Phone #: **813-968-7039**

CR2E034 (11/98)