

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004614 (3)

1. Corporation Name
MARRICK TECHNOLOGIES, INC.



Principal Place of Business P.O. BOX 950940 LAKE MARY FL 32795	Mailing Address P.O. BOX 950940 LAKE MARY FL 32795
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/07/1994	4. FEI Number 59-2896585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ZARR, RICHARD F
481 AUTUMN OAKS PL.
LAKE MARY FL 32746**

81 Name <i>Richard F. Zarr</i>	82 Street Address (P.O. Box Number is Not Acceptable) 481 Autumn Oaks Pl	83 City LAKE MARY	84 State FL	85 Zip Code 32746
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Richard F. Zarr* (NOTE: Registered Agent signature required when reinstating) DATE: **1/3/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MARK F	1.2 NAME	
STREET ADDRESS	575 DEER HILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHAVERTOWN PA 18708	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARR, RICHARD F	2.2 NAME	
STREET ADDRESS	481 AUTUMN OAKS PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LINDA	3.2 NAME	
STREET ADDRESS	575 DEER HILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAVERTOWN PA 18708	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARR, ELEANOR	4.2 NAME	
STREET ADDRESS	2209 CITRUS VALLEY CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	200002494382
STREET ADDRESS		5.3 STREET ADDRESS	-04/21/98--01009--044
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
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.

Richard F. Zarr 1-10-98