FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90027 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300008327 1. Corporation Name

MARKETS BY DORION, INC.

| Principal Place of Business Mailing Address | | | | | T 1021102: 112 (0100 141); COIST OFTH SOUR COIN BOILD 1840 11110 HON 1861 1881 | |
|---|---------------------|------------|-----------------|---|--|--|
| 250 NORTH CONGRESS AVE SUITE 408 DELRAY BEACH FL 33445 US US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1993 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For | |
| 21 14816 S. Military Trail 26 14816 S. Militar | | | | Trai | 65-0390310 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certifcate of Status Desired See Required | |
| City & State City & State | | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country Zip Country | | | | 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No | |
| 24 33 484 25 29 33484 30 9. Name and Address of Current Registered Agent | | | Ь, | | 10. Name and Address of New Registered Agent | |
| DORIAN, GLENDA 250 NORTH CONGRESS AVE | | | | 81 Name RION GLENDA 82 Street Address (P.O. Box Number is Not Acceptable) 14816 S. Military Trail | | |
| SUITE 408 DELRAY BEACH FL 33445 | | | 83 | | | |
| | | | 84 | City | FL 85 Zip Code 33484 | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | ☐ DELETE | 1,1 TITLE | | Change ☐ Addition | |
| NAME | DORION, GLENDA | | 1.2 NAME | | wast of wast to a Track! | |
| STREET ADDRESS ESS TO COTTOTIES ATE | | 1.3 STREE | ADDRESS | 14816 5. Military Trail Delray Beach, FL 37484 | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 1.4 CITY-ST-ZIP | | Delray Beach, FL 33484 | |
| TITLE | • | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME 22 N | | 2.2 NAME | NAME | | | |
| STREET ADDRESS 2.3 ST | | | 2.3 STREE | FADDRESS | | |
| OH 1-07-EH | | | 2. 4 CITY-S | T-ZIP | | |
| TITLE | | [] DELETE | 311TILE | | ☐ Change ☐ Addition | |

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.

32 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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☐ Change

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