

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|--|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Myrland Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P93000053445 (1)
1. Corporation Name
MARC WILSON INTERNATIONAL, INC.

| | |
|---|---|
| Principal Place of Business 1203 LOVERS LANE TALLAHASSEE FL 32311 | Mailing Address 1203 LOVERS LANE TALLAHASSEE FL 32311 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 701 South Ride | 2a. Mailing Address 26 701 South Ride |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Tallahassee, FL | 28 Tallahassee, FL |
| 24 32303 | 25 Country |
| 29 32303 | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/30/1993 | 3a. Date of Last Report 04/20/1994 |
| 4. FEI Number 59-3196739 | 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**WOLFE, LARRY S
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| B1 Name | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3 | |
| B4 City | |

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 state representative) _____ NOTE: Registered Agent signature required when re-registering! _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE PSTD | NAME MONTGOMERY, ROBIN L |
| STREET ADDRESS 1203 LOVERS LANE | CITY, ST, ZIP TALLAHASSEE FL 32311 |
| TITLE DIRECTOR | NAME MARC WILSON |
| STREET ADDRESS 701, SOUTH RIDE | CITY, ST, ZIP TALLAHASSEE, FL 32303 |
| TITLE | NAME |
| STREET ADDRESS | CITY, ST, ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY, ST, ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY, ST, ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 11 TITLE Wilson, Robin Montgomery | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME 701 South Ride | |
| 13 STREET ADDRESS Tallahassee, FL 32303 | |
| 14 CITY, ST, ZIP | |
| 21 TITLE PN DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME MARC WILSON | |
| 23 STREET ADDRESS 701 SOUTH RIDE | |
| 24 CITY, ST, ZIP TALLAHASSEE, FL 32303 | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the 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.

SIGNATURE: **Robin Montgomery Wilson, President** 2/1/95 904 422-3816
BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING ON DIRECTOR