

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000037091 (2)  
 1. Corporation Name

MARBLE KARE U.S.A. OF SOUTH FLORIDA, INC.



Principal Place of Business: 922 CLINT MOORE ROAD BOCA RATON FL 33487  
 Mailing Address: 922 CLINT MOORE ROAD BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  |  | 05/08/1995  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 65-0590818  |  |
| City & State                   |  | City & State        |  | Applied For   |  |
| 23                             |  | 28                  |  | Not Applicable  |  |
| Zip                            |  | Zip                 |  | 5. Certificate of Status Desired  |  |
| 24                             |  | 29                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| Country                        |  | Country             |  | 6. Election Campaign Financing  |  |
| 25                             |  | 30                  |  | <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 type="checkbox"/> No  |  |

9. Name and Address of Current Registered Agent

RESSLER, KEVIN  
 922 CLINT MOORE ROAD  
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|----------------------|---|-----------------------------|
| TITLE                      | D                    | 1.1 TITLE   | PRSD                        |
| NAME                       | RESSLER, KEVIN       | 1.2 NAME  | Resler Kevin                |
| STREET ADDRESS             | 922 CLINT MOORE ROAD | 1.3 STREET ADDRESS                                    | 922 Clint Moore Rd          |
| CITY-ST-ZIP                | BOCA RATON FL 33487  | 1.4 CITY-ST-ZIP                                       | BOCA RATON FL 33487         |
| TITLE                      |                      | 2.1 TITLE   | D                           |
| NAME                       |                      | 2.2 NAME  | JOHN Zampogione             |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    | 1991 SW 21 Way              |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       | #1. Levee Circle Bldg 33312 |
| TITLE                      |                      | 3.1 TITLE   |                             |
| NAME                       |                      | 3.2 NAME  |                             |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                      | 4.1 TITLE   |                             |
| NAME                       |                      | 4.2 NAME  |                             |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                      | 5.1 TITLE   |                             |
| NAME                       |                      | 5.2 NAME  |                             |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                      | 6.1 TITLE   |                             |
| 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 registered agent 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 attached sheet with an address.

SIGNATURE: \_\_\_\_\_ 7.22.98 761 9977636

CR2E034 (5/98)