PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072806

1. Corporation Name

MARANN INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address	
2206 MAJESTIC COURT NAPLES FL 34110	2206 MAJESTIC COURT NAPLES FL 34110	

FILED Mar 10, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address						i ibbitbbt iin ibint ditti natit antit bbit patit i	i Bill lill	AL ABALL A	inira dici cani	
2206 MAJESTIC COURT NAPLES FL 34110 2206 MAJESTIC COURT										
							DO NOT WRITE IN THIS SPACE			
						-	Date Incorporated or Qualifed	3FAC		_
						3.	09/20/1995			
2 Principal Pl	are of Business	2a. Mailing Address				4.	FEI Number	\neg	Apr	plied For
							65-0610902	<u> </u>	\rightarrow	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				<u> </u>		\$8	.75 △	Additional
22 27						Certificate of Status Desired	F	ee Re	quired	
City & State	e	City & State				6.	Election Campaign Financing	\$!	5.00	Мау Ве
23		28					Trust Fund Contribution	A	dded t	o Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current year Into	_		
24	(25)	29	30				Personal Property Tax.	∐ Ye		□No
	9. Name and Address of Curre	nt Registered Agent		04		10.	. Name and Address of New Registered	Agent		
IIND	NER, MARK			81	Name					
	MAJESTIC COURT			82	Street Add	ldress (P	P.O. Box Number is Not Acceptable)			
	LES FL 33942			83	<u> </u>					
11/11	LEG 1 L 30942			03						
				84	City		FL	85	Zip C	Code
				<u></u> _			n submits this statement for the purpose of	ليل	ing ite	rogistered
office or re	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was	authorized	l by	the corpora	ation's bo	oard of directors. I hereby accept the appoin	itmeni	as reg	gistered
SIGNATURE		100 97 5 10	TC. D. datasa		t signature requi	árad uthan i	reinstating) DATE			
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agen	t signature requi		ADDITIONS/CHANGES TO OFFICERS AN	D DIF	ECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 777	TLE.					hange	Addition
NAME .	in the same and the same a		1 2 NA	12 NAME						ļ
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 34110			1.4 CITY-ST-ZIP						
TITLE	STD	☐ DELETE	2.1 TT					hange	Addition	
NAME	LINDNER, BARBARA H		2.2 NA	ME					ļ	
STREET ADDRESS	2206 MAJESTIC COURT		2.3 ST	2.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 34110		2. 4 C	TY-S	T-ZIP		- · · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	3.1 TI	ΓLE				□ C	hange	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3 3 ST	REET	ADDRESS					}
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TT	ΓLE				□с	hange	☐ Addition
NAME			4. 2 N	AME			·			
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 Ci	TY-S1	r-zip					
TITLE		☐ DELETE	5.1 TT	ΓLE				□c	hange	☐ Addition
NAME			5.2 NA	ME						ļ
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CITY-ST-ZIP			5.4 CI	TY-S1	f-ZIP					
TITLE		☐ DELETE	6.1 ∏	πE				□ C	hange	Addition
NAME			6.2 N/	ME	}					}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS