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

28

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Zip

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT** # Principal Place of Business 4085 CROCK'S LAKE BLVD. APT. 2717 SARASOTA FL 34238 2. Principal Place of Business Suite, Apt. #, etc. 22

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S90018

(0)

MARZ PRODUCTIONS, INC.

Mailing Address 4065 CROCK'S LAKE BLVD. APT. 2717 DO NOT WRITE IN THIS SPACE SARASOTA FL 34238 3. Date Incorporated or Qualified 10/28/1991 2a. Mailing Address 4. FEI Number 59-3100107 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing

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9, Name and Address of Current Registered Agent ZALKIN, BRUCE M 4065 CROCK'S LAKE BLVD. APT. 2717 SARASOTA FL 34238

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Country

Count	ry	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
	-	10. Name and Address of New Registered Agent
8	1 Name	
8	2 Street Address	s (P.O. Box Number is Not Acceptable)
8	3	
8	4 City	- 85 Zip Code

Trust Fund Contribution

FILED

Jan 23 1998 8:00am

Secretary of State

Applied For

Added to Fees

Not Applicable

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME ZALKIN, BRUCE M 1.2 NAME 4065 CROCK'S LAKE BLVD., APT. 2717 STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL 34238** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

once 1. 2-1kin 1/15/98 741-971-6066