05-10-1999 90220 033 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V71689**

1. Corporation Name

MARDEN INDUSTRIES, INC.

Principal Place of Business Mailing Address						1 (88) 6100 1880 (1810 6)			
BRADSHAW INDUST. P.O. BOX 796									
HWY 640 E. MULBERRY FL 33860						DO NOT WRITE	IN THIS SPACE	=	
MULBERRY FL 33860 US					-	Date Incorporated or Qualifed			_
00					ļ	10/16/1992			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21 26						59-3147866		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			dditional
22 27						3. Cermicate of Status Desired		ee Req	luired
City & State	e	City & State				6. Election Campaign Financing	T -		Лау Ве
23		28				Trust Fund Contribution	Ac	ided to	Fees
Zip	Country	Zip	Country	/		8. This corporation owes the current	nt year Intangible X Ye:		∏No
24	25	29 30	<u> </u>		!	Personal Property Tax.  10. Name and Address of New Re	, , , , , , , , , , , , , , , , , , ,	, ,	
	9. Name and Address of Curren	t Kedistered Agent	81	Name		To. Harrie and Products of How Its	<u>g.</u>		
DIGN	IAM, MICHAEL F			<u> </u>					
1625 HENDRY STREET			82	Street	Address	s (P.O. Box Number is Not Acceptable	le)		
SUITE 101			83	<del>d</del>					_
FT. I	MYERS FL 33901		84	ļ			100	7:- 0	
·				City			FL 85	Zip C	oue
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	orized by	the corp	corpora poration's	ation submits this statement for the pi s board of directors. I hereby accept	urpose of changi the appointment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Ru	agistered Age	nt signature	required w	hen reinstating)	DATE		
12.						ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTOF	RS IN 12
TITLE	P	☐ DELETE		1.1 TITLE			☐ Ch	ange	Addition
NAME	KING, TOM		1.2 NAME						
STREET ADDRESS	16190 FOREST GLEN		1.3 STREE	T ADDRESS	;				
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-5	ST-ZIP	<u> </u>				error a contra
TITLE	T	☐ DELETE 2		2.1 TITLE			ㅁ아	ange	Addition
NAME	JULIAN, KARL DAVID	ÍAN, KARL DAVIÐ		2.2 NAME					
STREET ADDRESS	5421 S.W. 39TH WAY			2.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		+	<del></del>	□ Ch	anne	Addition
TITLE	DELETE		3.1 TITLE					ungu	
NAME	KINSEY, BARBARA JEAN		3.2 NAME	3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	1801 PAULINE DRIVE NW				5 .				
C/TY-ST-Z/P	WINTER HAVEN FL		3.4. CITY- 4.1 TITLE	\$1-ZIP	+-		T CH	nange	Addition
TITLE		EJ OLICETO	4.2 NAME					-	
NAME STREET ADDRESS				TADDRESS	,				
STREET ADDRESS			4.3 STREE		1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,. LII	1			ange	Addition
NAME		_	5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	,		5.4 CITY-	ST-ZIP					
TITLE	·	☐ DELETE	6.1 TITLE		1			ange	Addition
MANE			6.2 NAME						

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 true tee employered 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 contact the receiver of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true tee employered 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 contact the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true tee employers.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)