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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:53

DOCUMENT # V55173 (1)

1. Corporation Name
MARCE EMPREENDIMENTOS, INC.

Principal Place of Business	Mailing Address
5061 ASHLEY PKWY SARASOTA FL 34241 US	5061 AHSLEY PARKWAY SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1992	3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0354307	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4931 ASHLEY PKWY	26 1605 MAIN ST.
22 Suite, Apt. #, etc.	27 SUITE 1100
23 City & State: SARASOTA, FL	28 City & State: SARASOTA, FL
24 Zip: 34241 25 Country: USA	29 Zip: 34236 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAHL, RAYMOND W., JR. 5061 ASHLEY PARKWAY SARASOTA FL 34241	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KAHL, RAYMOND W. J	12 NAME	
STREET ADDRESS	5061 ASHLEY PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KAHL, ALAN W.	22 NAME	
STREET ADDRESS	5061 ASHLEY PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KAHL, CECILIA H.	32 NAME	
STREET ADDRESS	5061 ASHLEY PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: [signature] MAR 27 1995 813 925 7267
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348003 CP