Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90086 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 811843 1. Corporation Name

MARLLO), INC.				
Principal Place of Business		Mailing Address	Mailing Address		
C/O WILLIAM J. DAVIS C/O WILLIAM					•
1208 PARKLANE TOWERS WEST 1208 PARKLANE TOWERS WEST DEARBORN MI 48126 DEARBORN MI 48126			RS WEST		DO NOT WRITE IN THIS SPACE
DEARDONN MI	40120	DEARBURN MI 48126			3. Date Incorporated or Qualified
					04/19/1957
2. Principal F	Place of Business	2a. Mailing Address	-		4. FEI Number Applied For
21		26			38-1462399 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		•	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coi	untry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Registered Agent
CT (CORPORATION SYSTEM			81 Name	;
) S. PINE ISLAND ROAD			82 Street A	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324					
	11/11/01/12 00024			83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	itutes, the a	bove-named co	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Stat	utes.	ation's board of directors. I nereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered		-	Agent signature req	quired when reinstating) DATE
12.	,	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	' □ DELETE	1.1 TI		☐ Change ☐ Addit
NAME	SMITH, LLOYD E		1.2 N	AME	
STREET ADDRESS	2000 S OCEAN BLVD #7F		1.3 \$	REET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			TY-ST-ZIP	
TITLE		☐ DELETE	2.1 TI		, Change Addit
NAME			2.2 N/	WE	•
STREET ADDRESS			2.3 \$1	REET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-ZIP	
TITLE		☐ DELETE	3.1 TF		☐ Change ☐ Addit
NAME			3.2 NA		
STREET ADDRESS			3.3 \$1	REET ADDRESS	•
CITY-ST-ZIP		<u> </u>		TY-ST-ZIP	
TITLE		☐ DELETE	4.1 TI		☐ Change ☐ Addit
NAME I			4 2 1	ARAE	

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 from an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Change

☐ Addition

Addition