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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90199 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836225

1. Corporation Name

MAR-COOP CORPORATION LIMITED (A CANADA CORPORATI
ON)



Principal Place of Business

~~C/O BEACH BOOKKEEPING~~
~~16450 SAN CARLOS BLVD. #3~~
~~FT. MYERS FL 33908~~

Mailing Address

~~C/O BEACH BOOKKEEPING~~
~~16450 SAN CARLOS BLVD. #3~~
~~FT. MYERS FL 33908~~

DO NOT WRITE IN THIS SPACE

% Best Bookkeeping

% Best Bookkeeping

2. Principal Place of Business

21 15660 San Carlos Blvd

Suite, Apt. #, etc.

#32

City & State

23 Ft Myers FL

Zip

24 33908

Country

25 USA

2a. Mailing Address

26 15660 San Carlos Blvd

Suite, Apt. #, etc.

#32

City & State

28 Ft. Myers FL

Zip

29 33908

Country

30 USA

3. Date Incorporated or Qualified

04/22/1976

4. FEI Number

59-1891281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

VOSS, JAMES
% BEACH BOOKKEEPING
16450 SAN CARLOS BLVD. #3
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

% Best Bookkeeping

83 15660 San Carlos Blvd #32

84 City

Ft. Myers

85 Zip Code

FL 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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)

DATE

2-23-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BELISLE, LIONEL G
CITY-ST-ZIP 12151 CAISSON LANE
FT MYERS, FL 00000

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS BELISLE, ANNABELLE
CITY-ST-ZIP 12151 CAISSON LANE
FT MYERS, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 8099 Queen Palm Lane #222
1.3 STREET ADDRESS Ft Myers FL 33912
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 8099 Queen Palm Lane #222
2.3 STREET ADDRESS Ft. Myers FL 33912
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: Lionel Belisle

2-23-99 941-466-6200

Date

Daytime Phone #

CR2E034 (1/1/98)

0442405