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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **848453**

1. Corporation Name
MAROURBA MARYLAND CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1152 LAKE CLARKE DR, WEST PALM BEACH FL 33406 US
 Mailing Address: P.O BOX 950, ARCHER FL 32618 US

3. Date Incorporated or Qualified: 03/11/1981

2. Principal Place of Business: 1152 Lake Clarke Dr.
 2a. Mailing Address: P.O. Box 950

4. FEI Number: 52-0793142

22. City & State: West Palm Beach, FL
 27. City & State: West Palm Beach, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33406, Country: USA
 28. Zip: 33405-6459, Country: USA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. 9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

HUFTY, JOHN A.
 1152 LAKE CLARKE DR
 HWY 41/SP 451 3/4 MI NORTH OF ARCHER
 WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 1152 Lake Clarke Dr.
 83
 84 City: West Palm Beach, FL 85 Zip Code: 33406

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, JOHN PAGE	1.2 NAME	
STREET ADDRESS	P.O BOX 950 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, JOHN A.	2.2 NAME	
STREET ADDRESS	1152 LAKE CLARKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, DONNA JEAN	3.2 NAME	
STREET ADDRESS	P.O BOX 950 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John A. Hufty **REQUIRED** John A. Hufty 4/8/99 561-547-3156

CR2E034 (1/198)