FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 17 AH 10: 35 **DOCUMENT # F21594** SECRETARY OF STATE MARIAN CONCEPTS LTD., INC. Principal Place of Business Mailing Address 6733 PALERIMO WAY **6733 PALERMO WAY** LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report 03/02/1981 05/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2070775 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ziρ Country Country 8. This corporation has liability for intangible tax under S. 199.032, Yes ☐ No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREEN, MARIAN 82 Street Address (P.O. Box Number is Not Acceptable) 6733 PALERMO WAY LAKE WORTH FL 33467 83 84 City 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 Signature, typed or printed name of registered agent and title d applicable (NOTE: Registered Agunt signature required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1. 1 THILE GREEN, MARIAN NAME 1.2 NAME 6733 PALERMO WAY STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH, FL 00000 CITY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 III1 F NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ___ Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY - ST - ZIP Change Addition TITLE 61 IIII F NAME 6.2 NAME STREET ADDRESS **G 3 STREET ADDRESS** CITY-ST-ZIP 0.4 City-St-ZiP 14. I do hereby certify that the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated by this annual report is an advertise and that my signature shall have the same feed of the control of the transfer of the feed of the feed of the control of the feed o