

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90249 047 ***150.00

DOCUMENT # F35317

1. Corporation Name

ELLIS MARKS INSURANCE, INC.

Principal Place of Business

C/O ELLIS M MARKS
3910 INVERRARY BLVD.
LAUDERHILL FL 33319
US

Mailing Address

C/O FLORINE BAHR MARKS
3910 INVERRARY BLVD.
LAUDERHILL FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2099081

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

2. Principal Place of Business

21 7748 GRANVILLE DR.

2a. Mailing Address

26 7748 GRANVILLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMARAC FL

Zip

24 33321

Country

25 U.S.

City & State

28 TAMARAC FL

Zip

29 33321

Country

30 U.S.

9. Name and Address of Current Registered Agent

MARKS, FLORINE BAHR
3910 INVERRARY BLVD.
FT LAUDERDALE, FL
33319

10. Name and Address of New Registered Agent

81 Name
82 FLORINE BAHR MARKS

83 Street Address (P.O. Box Number is Not Acceptable)
84 7748 GRANVILLE DR.

85 City
86 TAMARAC

87 Zip Code
88 FL 33321

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME MARKS, FLORINE
STREET ADDRESS 3910 INVERRARY BLVD.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE DP ☐ DELETE
NAME MARKS, ELLIS M
STREET ADDRESS 3910 INVERRARY BLVD.
CITY-ST-ZIP FT LAUDERDALE, 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
1.3 STREET ADDRESS 7748 GRANVILLE DR.
1.4 CITY-ST-ZIP TAMARAC, FL 33321

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7748 GRANVILLE DR.
2.4 CITY-ST-ZIP TAMARAC, FL 33321

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 954-748-4711

CR2E034 (1/98)

0300612