

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 # F90571

1. Corporation Name

MARBI, INC.

Principal Place of Business

2760 White Wing Ln
W.P.B., FL. 33409

Mailing Address

2760 White Wing Ln.
W.P.B., FL. 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1982

4. FEI Number

59-221152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

MARILYN KOCH
2760 White Wing Ln.
W.P.B., FL. 33409

10. Name and Address of New Registered Agent

81 Name Denise Leyendecker
82 Street Address (P.O. Box Number is Not Acceptable)
83 7196 CRYSTAL LAKE DR.
84 City W.P.B. FL 85 Zip Code 33411

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 X Denise Leyendecker President 8/31/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	Koch, MARILYN	2760 White Wing Ln	W.P.B., FL. 33409	<input checked="" type="checkbox"/>
VTD	Koch, MARILYN	2760 White Wing Ln	W.P.B., FL. 33409	<input checked="" type="checkbox"/>
D	Leyendecker, Denise	4581 Challenger Way	W.P.B., FL.	<input type="checkbox"/>
P	TOMEU, KEET	164 WORTH CT. S.	W.P.B., FL.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PRES. & TREASURER	Leyendecker, Denise	7196 CRYSTAL LAKE DR.	W.P.B., FL. 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VICE-PRES.	TOMEU, KEET M.	7170 CRYSTAL LAKE DR.	W.P.B., FL. 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	Koch, MARK W.	1822 BRACERS VEST CT.	W.P.B., FL. 33411	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

561-686-2293
Daytime Phone #

CR2E034 (11/98)

Amended - FILED

99 SEP -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA