## 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 # **F94000004292**

1. Corporation Name

MARS ADVERTISING COMPANY, INCORPORATED

| ۲ | 'rเกต | ipal | Place | O | Busi | ness |  |
|---|-------|------|-------|---|------|------|--|
|   |       |      |       |   |      |      |  |

Mailing Address

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90140 034 \*\*\*150.00



|  |  | 24209 NORTHWESTERN HIGHWA<br>SOUTHFIELD MI 48075 | 4209 NORTHWESTERN HIGHWAY<br>OUTHFIELD MI 48075 |  |              | DO NOT WRITE IN THIS SPACE                                |              |                         |            |  |  |
|--|--|--|---|--|--------------|---|--------------|-------------------------|------------|--|--|
|  |  |  |   |  | 3.           | Date Incorporated or Qualifed 08/18/1994                  |              |                         |            |  |  |
| 2. Principal Pl  | ace of Business  | 2a. Majling Address "/                           |   | 7 11   | 4.           | FEI Number  |              | — Apr                   | olied For  |  |  |
| 21 239   | 99 Northwestern HWY                                    | 26 23999 North                                   | seste   | on Hw  | /            | 38-2029315  |              | Not                     | Applicable |  |  |
| Suite, Apt. i  | #, etc.  | Suite, Apt. #, etc.                              |   | •  |              | Certifcate of Status Desired                              |              | <b>\$8.75</b> A Fee Red |            |  |  |
| City & State City & City & State City & Stat |  |  |   |  | 6.           | Election Campaign Financing Trust Fund Contribution       |              | \$5.00<br>Added to      |            |  |  |
| zip 482  | 75 25 Country A  | 29 48075 30                                      | Country   | 5A   |              | This corporation owes the curre<br>Personal Property Tax. | •            | Yes                     | □No_       |  |  |
|  | 9. Name and Address of Current F                       | Registered Agent                                 | $\perp$   |  | 10.          | Name and Address of New R                                 | legistered A | <b>ugent</b>            |            |  |  |
| BARNETT, KENNETH<br>9240 SW 72ND ST #218<br>MIAMI FL   |  |  |   | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 |              |   |              |                         |            |  |  |
|  |  |  | 84  | '  |              |   | FL           | 85 Zip C                |            |  |  |
| 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 and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |  |   |  |              |   |              |                         |            |  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a | atull (NOTE: Regis                               | tered Age                                       | nt signature requ  | nertw beni   | reinstating)  | DATE         | <u></u>                 |            |  |  |
| 12.  | OFFICERS AND   |  | 13.   |  |              | ADDITIONS/CHANGES TO OF                                   | FICERS AN    | D DIRECTO               | RS IN 12   |  |  |
| TITLE  | P  | ☐ DELETE   | .1 TITLE  |  |              |   |              | Change                  | Addition   |  |  |
| NAME   | BARNETT, MARILYN                                       | Į.   | .2 NAME   |  |              |   | 11           | ,                       |            |  |  |
| STREET ADDRESS   | ESS 24209 NORTHWESTERN HIGHWAY 1.35                    |  |   | T ADDRESS  | 234          | 99 Houthwester<br>thfield, MI 480                         | n HW         | 1                       |            |  |  |
| CITY-ST-ZIP  | SOUTHFIELD MI 48075                                    |  | .4 ÇITY- S                                      | T-ZIP (  | <u> 5007</u> | thtield, MI 480   | 75           |                         |            |  |  |
| TITLE  | V  | ☐ DELETE   | 2.1 TITLE                                       |  |              | ,   |              | Change                  | Addition   |  |  |
| NAME   | BARNETT, KENNETH                                       | 1  | 2.2 NAME  |  | <i></i>      | 20- 1/4 /   | 41           | . ,                     |            |  |  |
| STREET ADDRESS   | 24209 NORTHWESTERN HIGHWA                              | <b>AY</b> [:                                     | 3 STREE   | TADORESS 4   | 237          | 199 Northwester   | 1 MW         | 7                       |            |  |  |
| CITY-ST-ZIP  | SOUTHFIELD MI 48075                                    |  | 2. 4 CITY-                                      | ST-ZIP   | 500          | HATIELD MI  | 18075        | ·                       |            |  |  |

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.

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TILE 5.2 NAME

6.1 TITLE

6.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

- /2 1. 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

Addition

Addition

☐ Addition

Addition

Change

Change

☐ Change

Change