## 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 # F95000005182

MARELLE, INC. OF DELAWARE

Principal Place of Business

Mailing Address

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90082 023 \*\*\*150.00



1425 A SE 17 FT LAUDERDA US					Date Incorpora 10/24/1995			'HIS S	SPACE	<u>.                                    </u>	· •	7		
Principal I     Suite, Apt	Place of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.				4.	FEI Number 65-0607613	3			\$R :	Not	lied For Applicable	
22		27				5.	Certifcate of St	atus Desired				e Req		-
City & State  23  Zip Country		City & State				1	Election Camp Trust Fund Cor	•	9 🗆				fay Be Fees	
24	25 9. Name and Address of Current	Zip 29	30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No								
<del></del>	5. Name and Address of Current	Registered Agent	81	Na	me	10.	Name and Ad	dress of Nev	v Register	ed A	gent			
PIC	82													
4373 CARAMBOLA CIRCLE SO.				Str	reet Addres	Idress (P.O. Box Number is Not Acceptable)							7	
COL	CONUT CREEK FL 33066		83			<del></del>		<del></del>						$\exists$
			84	Cit	ly					- <u> </u>	<b>85</b> Z	Zip Co	de	-
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statutes.		orporation	s ooa	ira oi directors.	atement for the line of the li		_	nanging nent as	its re s regi:	egistered stered	
12.	Signature, typed or printed name of registered agent a		Registered Agent	t signa	ture required w				DATE					
TITLE	OFFICERS AND		13.			AD	DDITIONS/CHA	NGES TO O	FFICERS	AND	DIREC	TOR	S IN 12	]
NAME	WEISS, MARILYN R	☐ DELETE	1.1 TITLE							Ĺ	Chan	ge	☐ Addition	] :
STREET ADDRESS	17132 BERNUDA VILL DRIVE		1.2 NAME											
CITY-ST-ZIP	BOCA RATON FL 33487		1.3 STREET		ESS									
TITLE	V	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP				~		<u> </u>			<b>—</b>	4
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STREET ADDRESS	17132 BERMUDA VILL. DR.			2.3 STREET ADDRESS										
CITY-ST-ZIP	BOCA RATON FL 33487			2.4 CITY-ST-ZIP										
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NAME			3.2 NAME		İ	•		•.		٠.	_ Chang	je .	Addition_	<b>⊹</b> -
STREET ADDRESS			3.3 STREET	ADORE	SS									
CITY-ST-ZIP			3.4. CITY-ST											
TITLE		☐ DELETE	4.1 TITLE								Chang	je	Addition	1
NAME			4. 2 NAME							_		,-		
STREET ADDRESS			4.3 STREET /	DORE	ss									ł
CITY-ST-ZIP			4.4 CITY-ST-	ZIP										
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NAME			6.2 NAME										ĺ	
STREET ADDRESS			6.3 STREET A	DDRE	ss								į	
14 I bereby ce	ertify that the information supplied with the	- 60	6.4 CITY-ST-	ZIP										

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.

954.462-3399

CR2E034 (11/98)