

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1998 8:00am
Secretary of State

DOCUMENT # **G81052** (4)

1. Corporation Name

MARC LITTLE ENTERPRISES, INC.



Principal Place of Business

**8070 WAKEFIELD AVE
SUITE 203
JACKSONVILLE FL 32208
US**

Mailing Address

**8070 WAKEFIELD AVE
JACKSONVILLE FL 32208
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1984

4. FEI Number

59-2356267

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **505 NORTH LIBERTY ST** 26

2a. Mailing Address

27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FL

27 City & State

28

24 Zip

32202

25 Country

U.S.A.

29 Zip

30

Country

9. Name and Address of Current Registered Agent

**LITTLE, MARC
8070 WAREFIELD AVENUE
#908
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name

LITTLE, MARC

82 Street Address (P.O. Box Number is Not Acceptable)

8070 WAKEFIELD AVENUE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32208

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **LITTLE, MARC**
STREET ADDRESS **1000 BROWARD ROAD, #908**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **LITTLE, MARC QUATIS**
1.3 STREET ADDRESS **8070 WAKEFIELD AVENUE**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE:

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

4-28-98

904-356-2388

CR2E034 (10/97)