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PROF!T CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H35205

MARILYN'S WORLD, INC.

Principal Place of Business	Mailing Address
4630 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	4630 N. UNIVERSITY DRIVE LAUDERHILL FL 33351

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90027 037 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/26/1984 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2481209 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State П City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KENT, MARILYN Street Address (P.O. Box Number is Not Acceptable) 82 604 N.W. 106TH AVE. **PLANTATION FL 33324** 83 85 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ DELETE 1.1 TITLE TITLE 1.2 NAME KENT, MARILYN NAME 1.3 STREET ADDRESS 604 N.W. 106TH AVE. STREET ADDRESS 1 4 CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME KENT. ALVIN H. NAME 604 N.W. 106TH AVE. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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:

954-7427353

CR2E034 (11/98)