

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 # K17476

1. Corporation Name
MAR-LAR, INC.

Principal Place of Business
802 S DIXIE HWY
LAKE WORTH FL 33460

Mailing Address
802 S DIXIE HWY
LAKE WORTH FL 33460

2. Principal Place of Business
21 4640 Silver Star Drive
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH, FL
Zip
24 33463
Country
25 USA
26 4640 Silver Star Drive
Suite, Apt. #, etc.
27
City & State
28 LAKE WORTH, FL
Zip
29 33463
Country
30 USA

2a. Mailing Address
26 4640 Silver Star Drive
City & State
28 LAKE WORTH, FL
Zip
30 USA

9. Name and Address of Current Registered Agent

KOTELES, MARK
802 S. DIXIE HWY.
LAKE WORTH FL 33460-2042

81 Name *Mark Koteles*
82 Street Address (P.O. Box Number is Not Acceptable)
4640 Silver Star Drive
83
84 City *LAKE WORTH* FL Zip Code *33463*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOTELES, MARK 802 S DIXIE HWY LAKE WORTH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOTELES, NANCY 802 S DIXIE HWY LAKE WORTH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DARAGO, LAURENCE 802 S DIXIE HWY LAKE WORTH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DARAGO, JOANNE 802 S DIXIE HWY LAKE WORTH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 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, with all other like empowered.

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90019 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>03/08/1988</i>	<input type="checkbox"/> Applied For 65-0035536 <input type="checkbox"/> Not Applicable
4. FEI Number 65-0035536	<input type="checkbox"/> Additional <input type="checkbox"/> Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOTELES, MARK 802 S. DIXIE HWY. LAKE WORTH FL 33460-2042	81 Name <i>Mark Koteles</i> 82 Street Address (P.O. Box Number is Not Acceptable) 4640 Silver Star Drive 83 84 City <i>LAKE WORTH</i> FL Zip Code <i>33463</i>

CR2E034 (11/98)

SIGNATURE: *MARK KOTELES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 561 968 9197
Date
Daytime Phone #