## 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 # L96702

MARILYN'S FIRST CORPORATION

Principal Plac	ce of Business	Mailing Address					18811 <b>410 14114 4</b> 1181 1 <b>44</b> 11 (		ATOM BIOM BIOM	BIBLI BIBLI (BB)
1396 SW 160TH AVENUE		1396 SW 160TH AVENUE								
SUNRISE FL 3		SUNRISE FL 33326								
US		US					DO NOT WR	ITE IN THE	S SPACE	
						3. Date Inco 08/20/	orporated or Qualifed			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Num	ber .		A	plied For
21		26				65-021	6671		N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				S. Carlifort	of Status Desired		\$8.75	Additional
22		27				5. Certificate	or Status Desired	Ш	Fee R	equired
City & Star	te	City & State				6. Election	Campaign Financing		\$5.00	May Be
23		28				Trust Fur	nd Contribution		Added	to Fees '
Zip	Country	Zip	Cou	ntry			oration owes the cu	rent year Ir		_
24	25	29	30				Property Tax.		Yes Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 N	VI	10. Name ar	d Address of New	Registered	I Agent	
MO	VITZ, MARILYN			ן וישן	Name					
1396 SW 160TH AVENUE			82 Street Ad		Street Addre	ess (P.O. Box N	umber is Not Accept	lable)		
	IRISE FL 33326					5.5	or the second	r serie i e i e i a i	Review A 195 Report	dvs 1401 ft.St
001	11102 1 2 00020			83		12				油滤腦
	7		-	84 (	City		1 - 4 (		es Zin i	Code
19-1-14-1913	in and the contraction				•			FL	_	
Office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu	ites, the at	ove-n	amed corpo	pration submits t	his statement for the	purpose o	f changing its	registered
, Unice of i	egistered agent, or both, in the otate					ii 5 boaiu oi uiit				
agent. I a	im familiar with, and accept the obligation	ations of, Section 607.0505, FI	orida Statu	ites.	Corporation	4	otors, i nareby dobe	pr tric appo		gistered
-5	ım familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statu	ites.	Corporation	•		pr trie appe		
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, FI ent and title if applicable. (NOT	orida Statu	ites.	•	when reinstating) >-		DATE		
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, FI and title if applicable. (NOT ND DIRECTORS	E: Registered	Ites.	•			DATE	ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, FI ent and title if applicable. (NOT	orida Statu	Ites.	•		ing the second s	DATE		
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SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AI PVT MOVITZ, MARILYN 1396 SW 160TH AVENUE	ations of, Section 607.0505, FI and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent sig	gnature required		ing the second s	DATE	ND DIRECTO	ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90025 003 \*\*\*150.00