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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90007 042 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M54290

1. Corporation Name

MARCO	UX INTERIORS INC				 	RIGH CIDII IRDI
Principal Place	e of Business	Mailing Address			II BBIT KLOSI OLOM DEDIL BIKM	alaji atali lasi
14610 N BECKLEY SOUARE 14610 N BECKLEY SOUARE DAVIE FL 33325 DAVIE FL 33325						
US US				DO NOT WRITE IN THIS SPACE		
		•		 Date Incorporated or Qualifed 06/22/1987 	•	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21	•	26		65-0268745	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional equired
City & State		City & State		- 51 11 0 1 51		·
— '	.e	— ´		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zíp,	Country			to rees
_ `	25	29 . 30	¬ '	 This corporation owes the curre Personal Property Tax. 	ent year intangible Yes	□No
24	9. Name and Address of Current		<u>u L</u> .	10. Name and Address of New Re		
	0.742.5 Part 128		81 Name	10.	<u></u>	
MAR	COUX, RONALD L.				*	
14610 N BECKLEY SQUARE			82 Street Ad	Idress (P.O. Box Number is Not Acceptat	ble)	
DAVIE FL 33325		,	83		r asi sisi 200 Ing Visi	121 21611 1281
				221 1 251 3		
			84 City	The state of the s	FL 85 Zip	Code
Ĺ						
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named co	rporation submits this statement for the p	ourpose of changing its	s registered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florida	, the above-named co norized by the corpora a Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its the appointment as re	s registered egistered
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 obligated signature, typed or printed name of registered agent.			rporation submits this statement for the partition's board of directors. I hereby accept accept when reinstating).	ourpose of changing its the appointment as re	s registered egistered
	,	t and title if applicable. (NOTE: Re			DATE	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating).	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: ReD DIRECTORS	egistered Agent signature requ	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: ReD DIRECTORS	13.	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MARCOUX, RONALD L.	t and title if applicable. (NOTE: ReD DIRECTORS	13. 1.1 TITLE 1.2 NAME	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MARCOUX, RONALD L. 1056 N HIATUS RD	t and title if applicable. (NOTE: ReD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD MARCOUX, RONALD L. 1056 N HIATUS RD	t and title if applicable (NOTE: ReD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MARCOUX, RONALD L. 1056 N HIATUS RD	t and title if applicable (NOTE: ReD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating) (1, 1, 1); ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	DRS IN 12
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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BECAMBINE OF UP IN

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

954-452 5673

Change

Addition