- 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 # M95209

1. Corporation Name

THE MAR - WEN COMPANY

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90016 030 ***150.00



Principal Place	of Business	Mailin	g Address				- I SANCONII IIN ININI UNITE VINI ANTINI ANTINI N	1811 81911 61811	#1#11 BTG	in minit han
3232 N.W. 62 LANE 3232 N.W. 62 LANE										
BOCA RATON FL 33496 BOCA RATON FL 33496										
							DO NOT WRITE IN T	HIS SPACE	<u>:</u>	
							3. Date Incorporated or Qualifed			
							08/22/1988			10-4-5
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For Not Applicable		
21 26						65-0086287				
Suite, Apt. #, etc.						5. Certifcate of Status Desired	+	/ O Ad e Req	iditional uired	
22 27										
City & State City & State						6. Election Campaign Financing		.00 N ded to		
23	0	28		Cou	ntn (Trust Fund Contribution		ded to	1 003
⊢ '	Zip Country - Zip			30	шу		8. This corporation owes the current year Intangible Personal Property Tax,			
24	25	29		30			10. Name and Address of New Registe			
	9. Name and Address of Currer	ii Keğisteli	an whenr	-	81	Name	th. 140110 dist Francisco of 11017 (100)	<u></u>		
STERN,MARTIN				j						
3232 N.W. 62 LANE					82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33496					83					
,					"					
					84	City		FL 85	Zip Co	ode
		1007	AFOR FILLS CONT.						no its r	enistered
_11_Pursuant	to the provisions of Sections 607:050 egistered agent, or both, in the State	of Florida.	1508-Florida Statute Such change was au	s, the ar thorized	by I	named corpo the corporation	oration submits this statement for the purpose is board of directors. I hereby accept the a	ppointment	as reg	stered
agent. I ai	m familiar with, and accept the obliga	itions of, Se	ction 607.0505, Flori	da Statı	ıtes.	•				
SIGNATURE							when reinstiting) DAT			
	Signature, typed or printed name of registered age			<u> </u>	Agent	t signature required	ADDITIONS/CHANGES TO OFFICER		CTOE	2S IN 12
12.	OFFICERS AN	ND DIRECT	DELETE	13.	1.5		ADDITIONS/CHANGES TO OFFICER	Cha		Addition
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NAME	STERN, WENDY			2.2 NA	ME					
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CITY-ST-ZIP				3,, 3,	🕶				_	

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: 4