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Secretary of State

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P92000001612 (0)

PRODWORDS
MARLBOROUGH INTERNATIONAL, INC.
332 BUTTONWOOD DR
KISSIMMEE FL 34743-9005

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
165.00	

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report:
4. FEI Number: 593214738 ☐ Applied For ☐ Not Applicable

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ $8.75
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEHTA DILIP R.
2255 E. IRLO BRONSON HWY
KISSIMMEE - FL - 34744.
PH 407-933-2266

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL | 85 Zip Code | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	MEHTA DILIP	1.2 NAME	
1.3 ADDRESS	332 BUTTONWOOD	1.3 ADDRESS	
1.4 CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	MEHTA PALLAVI D	2.2 NAME	
2.3 ADDRESS	332 BUTTONWOOD DR.	2.3 ADDRESS	
2.4 CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5-8-97

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***165.00

CR2E004 (11/92)

14. I 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. I further certify that I am an officer or director of the corporation or the receiver or ... be empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachm... address.

SIGNATURE Dilip Mehta DATE 4-28-97

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
DILIP MEHTA	DIRECTOR	(407) 348-5325

FOLD