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 # P9200001612

MARLBOROUGH INTERNATIONAL, INC.

332 BUTTONWOOD DR KISSIMMEE FL 34743	Principal Place of Busines
US	KISSIMMEE FL 34743

Mailing Address

332 BUTTONWOOD

KISSIMMEE FL 34743

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90025 027 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 1/10/3/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 2a. Applied 2a. Suite, Apt, #, etc. 5. Suite, Apt, #, etc. 5. Certificate of Slatus Desired 58.75 Add Fee Required 2b. Suite, Apt, #, etc. 5. Certificate of Slatus Desired 58.75 Add Fee Required 2a. City & State City & State City & State 6. Election Campaign Financing 55.00 Ma Added to Fee Required 2b. Country 2b. Country 2b. Country 2b. Country 2c. Suite, Apt, #, etc. 5. Certificate of Slatus Desired 56.00 Ma Added to Fee Required 2b. Country 2b. Country 2b. Country 2b. Country 2c. Suite, Apt, #, etc. 5. Certificate of Slatus Desired 56.00 Ma Added to Fee Required 2c. Street Address of Country 2c. Suite 50.00 Market 50.00	3 Date Incorporated or Qualified				US
2. Principal Place of Business	· .				03
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Fee Required City & State City & State City & State Status Desired Status Desi		Mailing Address		ace of Business	— `
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Zip Country Zip Country Zip Country 8. This corporation ower she current year intangulve Personal Property Tax Very Section 507 (Surrent Registered Agent Street Address of New R	5. Certificate of Status Desired Fee Required	Suite, Apt. #, etc.		#, etc. 	
Zip Country Zip Country St. This Fund Contribution Added to File	1 1 1 1	City & State		9	City & State
9. Name and Address of Current Registered Agent MENTA, OLIP R. 332 BUTTONWOOD DR KISSIMMEE FL 34744 11. Pursuant to the provisions of Sections 507 .5502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice 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 regist agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice 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 regist agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE D OFFICERS AND DIRECTORS 11. TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIRRET ADDRESS CITY-ST-ZP TITLE D D DELETE 11. TITLE D Change CHY-ST-ZP KISSIMMEE FL 34743 12. TITLE D CHANGE STREET ADDRESS CITY-ST-ZP KISSIMMEE FL 34743 12. TITLE D CHANGE STREET ADDRESS CITY-ST-ZP VISSIMMEE FL 34743 13. SIRRET ADDRESS CITY-ST-ZP KISSIMMEE FL 34743 14. CITY-ST-ZP CHANGE STREET ADDRESS CITY-ST-ZP VISSIMMEE FL 34743 15. TITLE D CHANGE STREET ADDRESS CITY-ST-ZP VISSIMMEE FL 34743 15. CITY-ST-ZP CHANGE AL CITY-ST-ZP CHANGE	Trust Fund Contribution Added to Fees				23
9. Name and Address of Current Registered Agent MENTA, OLUP R. 332 BUTTONWOOD DR KISSIMMEE FL 34744 83		Counti	Zip	Country	Zip
MENTA, DILIP R. 332 BUTTONWOOD DR KISSIMMEE FL 34744 82 Streat Address (P.O. Box Number is Not Acceptable) 83 84 City	Tersorial Froperty Tux.	30	29	25	24
MENTA, OIUP R. 332 BUTTONWOOD DR KISSIMMEE FL 34744 83 84 City FL 85 Zip Coo 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 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 regist agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registated agent and stile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.			rrent Registered Agent	9. Name and Address of Current	
SIGNATURE D				TA, DILIP R.	MEN
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D MEHTA, DILIP NAME MEHTA, DILIP STREET ADDRESS STREET ADDRE	poration's board of directors. I hereby accept the appointment as registered	uthorized b rida Statute	tate of Florida. Such change was au oligations of, Section 607.0505, Flori	egistered agent, or both, in the State of m familiar with, and accept the obligati	office or re agent. I ar
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	Change Addition Change Addition Change Addition	4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAMI 6.3 STRE			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

indicated on this annual report or supplied with this sing does not quality for the exemption stated in Section 13.07(5)(f), hond statutes, indicated in this 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: