FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90007 001 ***150.00

DOCUMENT # **P93000060719**

1. *Corporation Name*

MARC RUTENBERG DESIGN, INC.

Principal Place of Business	Mailing Address
33920 US 19 N AUITE 390 PALM HARBOR FL 34684 US	33920 US 19 N SUITE 390 PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/01/1993

2. Principal Place of Business
2891 GREY OAKS BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 2891 GREY OAKS BLVD
Suite, Apt. #, etc.
27

4. FEI Number
59-3204165

Applied For
Not Applicable

City & State TARPON SPRINGS, FL
28 TARPON SPRINGS, FL
Zip 34689 25 Country US
29 Zip 34689 30 Country US

5. Certifcate of Status Desired ☐
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGGS, E. JACKSON 501 E. KENNEDY BOULEVARD SUITE 1700 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	RUTENBERG, MARC		1.2 NAME			
STREET ADDRESS	33920 US 19 N., SUITE 390		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	RUTENBERG, LAURA H		2.2 NAME			
STREET ADDRESS	33920 US 19 N. SUITE 390		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 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 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

SIGNATURE: _____   4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #