

DOCUMENT # P93000064098			
1. Entity Name MAR-MAK, INC.			
Principal Place of Business 2508 TAMPA BAY BLVD SUITE D TAMPA FL 33607 US		Mailing Address POST OFFICE BOX 24335 TAMPA FL 33623-4335 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WILLIAMS, JUANITA 2508 TAMPA BAY BLVD TAMPA FL 33607			Name
			Street Address (if different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering as agent:			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	WILLIAMS, WILBERT		
STREET ADDRESS	3009 LEMON STREET		
CITY-ST-ZIP	TAMPA FL 33609		
TITLE	STD	<input type="checkbox"/> Delete	
NAME	WILLIAMS, JUANITA		
STREET ADDRESS	3009 LEMON STREET		
CITY-ST-ZIP	TAMPA FL 33609		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(b)(1), Chapter 68G, Florida Statutes, because: of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Wilbert Williams WILBERT WILLIAMS _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

SIGNATURE: Wilbert Williams WILBERT WILLIAMS April 14, 2000 813-816-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #