

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90192 007 ***150.00

DOCUMENT # P93000066016

1. Corporation Name
MARBLEHOUSE, INC.



Principal Place of Business

Mailing Address

~~401 NW 72ND AVE~~
~~PLANTATION FL 33318~~
US

P O BOX 17437
PLANTATION FL 33318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

4. FEI Number

65-0441555

Applied For

Not Applicable

5. Certificate 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

2. Principal Place of Business

2a. Mailing Address

21 **7200 GRIFFIN RD**

26 Suite, Apt. #, etc.

22 **STE 3-B**

27 Suite, Apt. #, etc.

23 **DAVIE FL**

28 City & State

24 **33314** Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

MCARDLE, GEORGE E
~~101 NW 72ND AVE~~
~~PLANTATION FL 33317~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7200 GRIFFIN RD

STE 3-B

84 City **DAVIE**

FL

85 Zip Code

33314

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

TITLE ☐ DELETE

NAME **D**
MCARDLE, GEORGE E

STREET ADDRESS ~~101 NW 72ND AVE~~

CITY-ST-ZIP ~~PLANTATION FL~~

TITLE ☐ DELETE

NAME **VP**
BARR, JOHN

STREET ADDRESS ~~101 NW 72ND AVE~~

CITY-ST-ZIP ~~PLANTATION FL~~

TITLE ☐ DELETE

NAME **T**
BERNSTEIN, MICHAEL

STREET ADDRESS ~~101 NW 72ND AVE~~

CITY-ST-ZIP ~~PLANTATION FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7200 GRIFFIN RD 3-B

DAVIE FL 33314

☒ Change ☐ Addition

7200 GRIFFIN RD 3-B

DAVIE FL 33314

☒ Change ☐ Addition

7200 GRIFFIN RD 3-B

DAVIE FL 33314

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (954) 584-9119

CR2E034 (11/98)