FILE NOW: FILING FEE AFTER MAY 1 IS \$225.90 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P 94000014544(3) MARDI INC. Principal Place of Business 845 COLLIER CT# 206 SYNCOLLERGIANS MARCO (SLAWD) FL. 33937 MAROU SLAWD FL. 33937 MAROU SLAWD FL. 33937 MAROU SLAWD FL. 34. FEI Number 1 Annual Annual Place of Business 24. FEI Number 1 Annual Annual Place of Business 24. FEI Number 1 Annual Annual Place of Business 24. FEI Number 1 Annual Place of Business 24. FEI Number 1 Annual Place of Business 25. Applied For 2. Princ-pal Place of Business 65-046494 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite. Apl. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Zio Zip Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VICTOR, MARY HI 845 COLLIER CT #306 Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code MARCO ISLAND, FL 33937 84 City FL 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. (NGC) - Registence Agent signature requires when remotional SIGNATURE Signature, typed or printed name of registerist agent and title if apolicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 HTUE TITLE Many Victor Court # 200 1.2 NAME NAME 13 STREET ADURESS STREET ADDRESS Marce islend, Wt. 33937 14 C-TY ST-ZIP CITY - ST - ZIP Addition Change 2.111111 TATLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY - ST - 7IF CITY - ST - ZIP Change Addition DELLIE 3 1 TITLE TrILE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CHTY - ST - ZIP Change \_\_ Addition DELLTE 4 1 TITLE TITLE 4.2 NAMÉ NAME 800001779868 -04/12/96--01086--011 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIP Change Addition CITY - ST - Z-P \*\*\*200,00 [] DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP \_\_ Change \_\_\_ Addition  $ClTY \cdot S^T \cdot Z \cdot P$ DELETE 6 1 IN LE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C:TY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 of changed, or on an attachment with an address 4/8/96 941394 2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/KTOR

H.

SIGNATURE: