SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $235 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:58

DOCUMENT # **P94000019203 (6)**

1. Corporation Name

MAROON MARKETING, INC.

Principal Place of Business	Mailing Address
75 ST. JAMES TERRACE PALM BEACH GARDENS FL 33418	75 ST. JAMES TERRACE PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0523436 ☐ 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 has liability for unemployment tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CLEVELAND, ROBERT
75 ST. JAMES TERRACE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	CHAIRMAN - SECRETARY	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT CLEVELAND	1.2 NAME	
STREET ADDRESS	75 ST. JAMES TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHN F. BLANCHARD	2.2 NAME	
STREET ADDRESS	7722 CALLE MADERO	2.3 STREET ADDRESS	
CITY-ST-ZIP	LA COSTA, CA 92009	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDRA DUFFY	3.2 NAME	
STREET ADDRESS	75 ST. JAMES TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	3.4 CITY-ST-ZIP	
TITLE	TREASURER	4.1 TITLE	☐ Change ☐ Addition
NAME	CHRIS BLANCHARD	4.2 NAME	
STREET ADDRESS	7722 CALLE MADERO	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA COSTA, CA 92009	4.4 CITY-ST-ZIP	
TITLE	EXECUTIVE VICE PRESIDENT	5.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD RUBENSTEIN	5.2 NAME	
STREET ADDRESS	3530 MYSTIC POINT DRIVE #114	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Robert Cleveland JUNE 26, 1995 1-800-889-0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT CLEVELAND, CHAIRMAN, SECRETARY

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