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

PROFIT CORPORATION ANNUAL REPORT

1998



I LORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023502 (5)

MARCY'S SPECIALTIES, INC.

## FILED May 13 1998 8:00am Secretary of State

Principal Piac	e of Business	Mailing Address		I IODIADO AID IDAIN DIDIN DDIN DDIN DDIN D	TRUET OFFIRE INDIOF SUBBU BRILL SOLUT USAN FAN
2450 WEST BAY DRIVE		2450 WEST BAY DR LARGO FL 34640		}	
LARGO FL 34640				DO NOT WEIT	DO NOT WRITE IN THIS COACE
J <b>US</b> US			3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				03/25/1994	i
	lace of Businoss	2a. Mailing Address	16	# EEt Number	Applied For
21 704	24+115+ 5.W	26 704 24	<sup>th</sup> 5t.5.u	59-3232435	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		27 Ch. 8 Ct-1-	<del></del>		Fee Required
<b>⊢</b> /	ao F/	City & State	El	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be  Added to Fees
Zip. 🕶	Country	Zφ	Country	8. This corporation owes or has p	
24 337	70 [25] US	29 33770	30 US	Personal Property Tax due Jun	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New R	legistered Agent
MARIANI, BARBARA E					
				Address (P.O. Box Number is Not Accepta	able)
1550 S. HIGHLAND AVE.					
CL	EARWATER FL 34616		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the above-named i	corporation submits this statement for the	nurpose 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 it applicable (NOTE	Registered Agent signature	required when reinstating)	DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE	same.	Change Addition
NAME	COX, MARCIA W		12 NAME	104 24th St	SW
STREET ADDRESS	608 GROVEWOOD LANE		1.3 STREET ADDRESS	104 24th St LARGO F1 33	770
CITY-ST-ZIP TITLE	_LARGO FL 34640	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	777 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Change Addition
NAME			2.1 TITLE 2.2 NAME		C briange C Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-S1-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Í
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		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		,

14. Thereby 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 five 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 charged, or on an attachment with an address.

SIGNATURE:

Daicia W. Gol

Marcia W. Con 429-98

813 584-8862