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

PROFIT CORPORATION ANNUAL REPORT

1999

ROBERT MARR CONSULTING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS :

DOCUMENT # P94000053671

FILED May 07, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address					I INDISERI IIO IUISI O	IEII OEIII BAIRF BORFI OEFEI I	BILDE HILD BILL	{
2222 LASALLE : SARASOTA FL :	ST	P.O. BOX 20156 SARASOTA FL 34276-3156	ARASOTA FL 34276-3156		200	NAT WOITE IN THIS	CDACE	
US US						NOT WRITE IN THIS	SPACE	
					 Date Incorporated or 07/18/1994 	Qualifed		
Principal Place of Business 2a. Mailing Address					4. FEI Number	4. FEI Number Applied F		pplied For
21		26				59-3249362 Not Applicab		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ''		5. Certifcate of Status E	Desired	\$8.75 Additional Fee Required	
City & State		City & State	— <i>'</i>		Election Campaign F Trust Fund Contribution	_	_	
Zip			Country	,	8. This corporation owe	s the current year Inta	angible	1
24	25	25 29 30			Personal Property Tax.			ØNo
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
ROBERT, MARR 2222 LASALLE ST			82	Street	Address (P.O. Box Number is No	ot Acceptable)		
	ASOTA FL 34231		83			1		
			84	City	· · · · · ·	FL	85 Zip	Code
44 Durawant	to the provisions of Sections 607.05	ING and 607 1509 Florida Statut	as the abov	e-pamed	corporation submits this stateme		changing it	s registered
office or re	egistered agent, or both, in the Staten familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	the corpo	oration's board of directors. I her	eby accept the appoir	ntment as r	egistered
SIGNATURE	Robert Marr					4/29/	77	
				nt signature r	required when reinstating)	DATE	ID DIDECT	ODS IN 12
12.	p	DELETE	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	Change	
TITLE	•		1.2 NAME		Hesiagir			
NAME	MARR, ROBERT			TADORESS	2222 LASALLE	57		
STREET ADDRESS	312 BAILEY LANE			- ADURESS	SARASOTA, FL	ン! フ <u>ルフ</u> タ・		ļ
CITY-ST-ZIP	SARASOTA FL 34237	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	PARASOLA, 100 8	34631	Change	☐ Addition
TITLE					i		onlongo	
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		prez.c	4. 2 NAME					_
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CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	Addition
TITLE			6.2 NAME					_
NAME				T ADDRESS				ĺ
SINCE / PENEDO			6.4 CITY-S					
CITY-ST-ZIP			3.7 0111-0		<u></u>			

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: