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

DOCUMENT # P9500007968 1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90230 026 ***150.00

MARVIN	HOLZMAN, INC.								
Principal Place	e of Business	Maiting Address					14 8 9 131 1 8 819	19118 81	181 (81) 1861
B355 WATERFORD AVE. 8355 WATERFORD AVE.									
TAMARAC FL 33321 TAMARAC FL 33321						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed	- OI AUL		$\overline{}$
						01/26/1995			-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For			ied For
21 26						65-0557564	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional		
22 27			-			5. Certificate of Status Desired Fee Required			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			lay Be
28						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	/		8. This corporation owes the current year		_	_
24	25	29 31	<u> </u>			Personal Property Tax.	Yes	L	No
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Registere	d Agent		
			81	Name					
HOLZMAN, MARVIN			82	Street	Street Address (P.O. Box Number is Not Acceptable)				
	WATERFORD AVE.			<u> </u>					
TAM	ARAC FL 33321		83	il					
			84	City			85	Zip Co	ode
				1					
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was autr gations of, Section 607.0505, Florid	orized by a Statutes	the corps.	oration	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment a	is regi	stered
	Signature, typed or printed name of registered as			nt signature	required v	when reinstating) DATE	AND DIDE	CTOD	C IN 12
12.		IND DIRECTORS	13.		τ	ADDITIONS/CHANGES TO OFFICERS	Cha		Addition
TITLE	D			1.2 NAME					
NAME	HOLZMAN, MARVIN			TADDRESS					
STREET ADDRESS	8355 WATERFORD AVE.				']				
CITY-ST-ZIP TITLE	TAMARAC FL 33321			1.4 CITY-ST-ZIP 2.1 TITLE			Cha	nge	Addition
		2 322.2	2.2 NAME				_	-	
NAME				TADDRESS					į
STREET ADDRESS			2. 4 CITY-						ł
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	31-21	┼		☐ Chã	nge	Addition
NAME			3.2 NAME				-		
STREET ADDRESS			1	T ADDRESS	,				\
CITY-ST-ZIP			3.4. CITY-		1				
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		1		Cha	nge	Addition
NAME			4. 2 NAME		1				ł
STREET ADDRESS			•	TADDRESS	;				-
CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ DELETE	5.1 TITLE		\top		☐ Cha	nge	Addition
NAME			5.2 NAME						ļ
STREET ADDRESS			5 3 STREE	T ADDRESS	; [
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Cha	nge	☐ Addition
NAME			6.2 NAME		1				ļ
STREET ADDRESS			6.3 STREE	T ADDRESS	3				Ì
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP					

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: