## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNUAL	REPORT Secretary of DIVISION OF COF	l State	
DOCUMI 1. Corporation Na	anne		
MARNA E	ENTERPRISES, INC.		
Principal Place of	Business Mailing Address		LIBBIDEL (18 (CEL) BUIL BOIL SAUL BOIL SAUL SAUL SAUL SAUL SAUL SAUL SAUL SAU
11440 OKEECHOBEE BOULEVARD 11440 OKEECHOBEE BOULE SUITE 206 SUITE 206 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33			Date Incorporated or Qualified     3a. Date of Last Report     05/18/1995
2. Principal Place 21 1440 Suite, Apt. #, I	OKeechobæ Blvd 26 11440 OKee	echobre Blvd.	4. FFI Number Applied For
22 218 City & State 23 ROUG	27 218 2 Palm Beach Fl 28 Royal Palm 1		6. Election Campaign Financing Trust Fund Contribution State Added to Fees
24 33411	Country _ Zip	Ountry OUSA	8. This corporation has liability for intangible tax under s. 199.032, Elorida Statutes Yes No.  10. Name and Address of New Registered Agent.
KRAVITZ, BRUCE I 11440 OKEECHOBEE BOULEVARD SUITE 208 ROYAL PALM BEACH FL 33411  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provision of Sections 607.0502 and 607.1508, Florida Statutes, the provision of Sections 607.0502 and 607.1508, Florida Statutes.		83 SU / 4 84 City	ess (P.O. Box Number is Not Acceptable)  e 2/8  FL 85 Zip Code  ration submits this statement for the purpose of changing its registered office rd of directors. Thereby accept the appointment as registered agent. Lam
familiar with	, and accept the obligations of, account our losso, i kinds strained	Rejectived Apret signature require	
THE NAME SIREET ADDRESS	President Marna Lynch	1 1 TYLE 12 NAME 13 STREET ADDRESS	Change Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	144 Bilbao Street Royal Palm Beach, Fl. 33411	1 4 CHY - ST-ZIP 2 1 TIFLE 2 2 NAME 2 3 STREET ADDRESS	Change Addition
C-TY-ST-ZIP TITLE NAME	DELETE	2 4 CITY - ST - 7-P 3 1 TITLE 3 2 NAME 3 3 SEREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME	□ DELETE	34 CHY-ST-ZIP 4 1 TILE 4 2 NAME 4 3 STREET AUDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	4.4 CITY - ST-ZIF 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY - ST - 7IF 6.1 TITLE 6.2 NAME	Change Addition

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 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 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 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 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 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 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate an

6 3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MALE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR