SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90015 006 ***550.00

1. Corporation Name P950000/3221						
MAR CONSTRUCTION COMMUNICATIONS, INC.						
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I INDINSEN DE INFORMACION DE LA COMPANION DE L	PR ANT ARIO (1)	IN JIANA 1984: 1181 IBA
Principal Place of Business Mailing Address				I (B#ItWMI 410 IMINI BIIAI MMIII OMIIL MMILL	au sių s ango 195	
2887 NORTHEAST 35TH COURT 2887 NORTHEAST 35TH COURT						
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301				DO NOT INDITE IN T	"D ODAGE	
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE	
				09/21/1995		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21 26				65-0614437		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	5. Certificate of Status Desired	\$8.7	5 Additional
22 27				5. Certificate of Status Desired	Fe	e Required
City & State City & State			Election Campaign Financing \$5.00 May Be			
23 28				Trust Fund Contribution Added to Fees		ted to Fees
Zip Country	Zip	Countr	у	8. This corporation owes the current year	Yes	□No
24 25	29 Agent	30		Intangible Personal Property. 10. Name and Address of New Registere		
Name and Address of Current Registered Agent			Name	In. Indille and Address of the Registers	od regont	
MILLS, RICHARD A III						
1401 E. BROWARD BLVD. SUITE 206 FORT LAUDERDALE FL 33301		82	Street Address (P.O. Box Number is Not Acceptable)			}
		83	3			
			1 0:2		. 85	Zip Code
			84 City FL 85 Zip Cod			Zip Code
11. Pursuant to the provisions of sections 607.0502	and 607.1508, Florida Statute	es, the above	-named corpo	ration submits this statement for the purpose of	changing i	ts registered
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati	r Florida. Such change was a ons of, section 607.0505, Fl	autnonzeo o orida Statute	y the corporati es.	on's poard of directors. I hereby accept the ap-	pointinent a	is registered
SIGNATURE						
Signature, typed or printed name of registered agent a		TE: Registered	Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS	Char	
NAME RABUFFO, MAE						ige Addition
l			T ADDRESS			
			ST-ZIP			} }
TITLE	DELETE 2.1 TI				Char	nge Addition
NAME	2.2 N		ĺ			
STREET ADDRESS	2387					}
CITY-ST-ZIP	2.4 CI			e de		·
TITLE	DELETE 3.1 TIT				Char	nge Addition
NAME		3.2 NAME				İ
STREET ADDRESS		3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP		3.4 CITY-5				A d d d d d d d d d d d d d d d d d d d
TITLE .	·				Char	nge Addition
STREET ADDRESS		4.2 NAME	TADDRESS			
CITY-ST-ZIP		4.4 CITY-5	1			Ì
TITLE	DELETE 5.1 TIT			·· <u> </u>	Chai	nge Addition
NAME	C. J DELL'IL	5.2 NAME	i i			
STREET ADDRESS		5.3 STREE	T ADDRESS			1
CITY-ST-ZIP		5.4 CITY-S	ST-ZIP			
TITLE	DELETE 6.1 TITI				Char	nge Addition
NAME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME				
STREET ADDRESS		6.3 STREE	T ADDRESS			
						1

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.

SIGNATURE:

Daytime Phone #