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PROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087032 (5)

MAR IRV INVESTMENT, INC.

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business 3725 SOUTH OCEAN DRIVE 3725 SOUTH OCEAN DRIVE SUITE 718 SUITE 718 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Date Incorporated or Qualified 11/13/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0624148 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 (NOTE: Registered Agont signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE TITLE 11 TOLE COWAN, IRVING 1.2 NAME NAME 3725 SOUTH OCEAN DRIVE, SUITE 718 STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD FL 33019 City-St-7iP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition | TITLE 4.1 THILE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIF heid with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental angular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a attack math my high an address. 14. I hereby certify that the information indicated on this annual report of supportion or supportion or