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Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90022 001 *1,111.25

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088716

1. Corporation Name

MARS, INC.

Principal Place of Business

5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309
US

Mailing Address

5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

65-0623934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ZOBEL, ROBERT
5300 N. POWERLINE RD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
BEGELZMAN, MARK
STREET ADDRESS **5300 N. POWERLINE RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D**
HIRSCHBREL, PAUL
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE

NAME **D**
NIMMO, BILL
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE

NAME **D**
TURK, CYNTHIA
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE

NAME **VP**
ZOBEL, ROBERT
STREET ADDRESS **SUITE 1100 717 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Begelzman, MARK**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Robert Knox**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Derek Jones**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Cynthia Cohen**
4.3 STREET ADDRESS **1001 Brickell Bay Dr.**
4.4 CITY-ST-ZIP **Miami, FL 33131**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **5300 N Powerline RD.**
5.4 CITY-ST-ZIP **FT. Lauderdale, FL 33309**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **NVAS Sistarov**
6.3 STREET ADDRESS **2121 Avenue of the Stars**
6.4 CITY-ST-ZIP **LOS Angeles CA 90067**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

226290-90022-1

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Additions:

Director

James Peters

141 Babe Ruth Dr.

Sudbury, MA 01776

Director

Jack Boyle

329 South Patrick St.

Alexandria Virginia 22314

VP

Charles Hurkey

5300 N Powerline Rd.

Ft. Lauderdale, FL 33309

VP

Dennis Haffeman

5300 N Powerline Rd.

Ft. Lauderdale, FL 33309

VP

Mark Clark

5300 N Powerline Rd.

Ft. Lauderdale, FL 33309

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VP

Keith Hammer

5300 N Powerline Rd.

Fort Lauderdale, FL 33309