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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name P95000091898 (3)

MAY-MAR, INC.

FILED May 07 1997 8:00am Secretary of State



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| Principal Place | т. | 104 SE 5TH CT. | | | l | | | | |
| DEERFIELD BE | ACH FL 33441 | DESKRIELD BEACH FL | DEERFIELD BEACH FL 33441-4750 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 | | | |
| 9 Principal Pl | ace of Business | 2a, Mailing Address | | · | | 4. FEI Number | 00/0 | | oplied For |
| | goo of Buginoss | 26 | | | | 65-0648542 | | h | ot Applicable |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | | | | | Additional |
| 2 | | 27 | | | + 1 | 5. Certificate of Status Desired | | | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 | | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | lo Fees |
| Zip | Country | Zip | ——— | country | | 8. This corporation has liability for i | | | . 199.032, |
| 4 | 25 | [29] | [30] | | | | | J No | |
| | g. Name and Address of Curre | nt Hegistered Agent | | 61 N | ame | 10. Name and Address of New Re | gistered A | gent | |
| | MIDT, PETER H | | | ויס | arrie | | | | |
| | S. DIXIE HWY., STE. 420 | | | 82 S | reet Addres | ss (P.O. Box Number is Not Acceptab | ole) | | |
| BOC | A RATON FL 33432 | | | 83 | | | | | |
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| | | | | 84 C | ity | | ** 1 | 85 Zip | Code |
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| office or re | poistered agent, or both, in the Stat | e of Florida. Such change w | as authoriz | zed by the | mea corpo corporatio | ration submits this statement for the p n's board of directors. I hereby accep | of the appo | cnanging i intment as | is registered registered |
| agent. Lar | n familiar with, and accept the oblig | gations of, Section 607.0505 | . Florida S | statutes. | • | - , | | | - |
| - | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or profited name of registered 8(| | | | nature required | when reinstaling) | DATE | DIDEATA | 20.111.40 |
| 12. | OFFICERS AF | ND DIRECTORS | 13 | 3. | gnature required | when reinstating) ADDITIONS/CHANGES TO OFFICE | | | |
| 12. HILE | OFFICERS AF | | 1.1 | 3. 1 TITLE | gnature required | | | DIRECTOR Change | |
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