FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000001969 (0)

27

28

29

9. Name and Address of Current Registered Agent

MARBAR FIVE INC.

Principal Place of Business Mailing Address

25

MILLER, LOWELL M 2549 TEMPLE ST NE

PALM BAY FL 32905

2549 TEMPLE ST NE PALM BAY FL 32905

Suite, Apt. #, etc

City & State

Zip

22

2. Principal Place of Business

2549 TEMPLE ST NE PALM BAY FL 32905

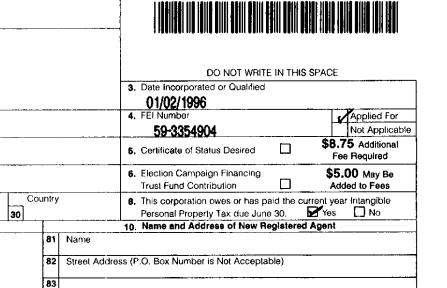
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 12 1998 8:00am Secretary of State

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. Lam familiar with land accept the obligations of Section 607.0505. Florida Statutes.

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or punited name of rug stered agent and title it applicable	(NOTE Re	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		ELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MILLER, LOWELL M		1,2 NAME			
STREET ADDRESS	2549 TEMPLE ST NE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY - ST - ZIP			
TITLE		ELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CHTY-ST-ZIP			
TITLE	D	ELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	D	ELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	D	ELETE	5.1 TITLE		Change	☐ Addition
NAME	·		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	□ D	ELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME		·	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
PU 1 - 91 - 71L			0.4 0111-01-70			

14. Thereby 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 arrural 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.

13 if changed, or on an attachment with an address.

Low Allocation of the Control of the Contro