

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000011257 (8)

1. Corporation Name  
MARC B. INC.



Principal Place of Business  
2093 NORTH KEENE ROAD  
CLEARWATER FL 34615

Mailing Address  
2093 NORTH KEENE ROAD  
CLEARWATER FL 34615-1372

3. Date Incorporated or Qualified 02/01/1996  
3a. Date of Last Report 02.01.96

2. Principal Place of Business  
21 3705 TAMPA RD

2a. Mailing Address  
26 3705 TAMPA RD

4. FEI Number 59-3859135  
Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 SUITE 7

Suite, Apt. #, etc.  
27 SUITE 7

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 OLDSMAR FL

City & State  
28 OLDSMAR FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country  
24 34677 25 U.S.A

Zip Country  
29 34677 30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GREGORY A  
28050 U.S. 19 NORTH  
SUITE 100  
CLEARWATER FL 34621

81 Name MARCELLOUS R. WONG  
82 Street Address (P.O. Box Number is Not Acceptable) 3705 TAMPA ROAD  
83 SUITE 7  
84 City OLDSMAR FL 85 Zip Code 34677

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 *Marcellous R. Wong* PRESIDENT 01.09.97  
Signature of president of corporation or registered agent and title if applicable (Not a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WONG, MARCELLOUS R	
STREET ADDRESS	2093 NORTH KEENE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WONG, BRANDAI	
STREET ADDRESS	2093 NORTH KEENE ROAD	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Marcellous R. Wong* 813 855 9780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01.09.97  
Date Daytime Phone #

CR2E034 (9/96)