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FILED

Apr 21 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 # P96000015935 (5)

1. Corporation Name
MAR-MAC MARKETING, INC.

Principal Place of Business
16748 WILLOW CREEK DR
DELRAY BEACH FL 33445

Mailing Address
16748 WILLOW CREEK DR
DELRAY BEACH FL 33484-6931



3. Date Incorporated or Qualified 02/19/1996
3a. Date of Last Report FIRST

2. Principal Place of Business
21 1026 Island Manor Dr.
Suite, Apt. #, etc.

2a Mailing Address
26 1026 Island Manor Dr.
Suite, Apt. #, etc.

4. FEI Number 65-0649694
Applied For Not Applicable

22 City & State Green Acres, FL W.P.B.

27 City & State Green Acres, FL W.P.B.

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

23 Zip 33413 Country USA

28 Zip 33413 Country USA

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

24 33413 25 USA 29 33413 30 USA

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

9. Name and Address of Current Registered Agent
CRAMMER, EDWIN L
3801 N UNIVERSITY DR
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name Marcia Herzog
82 Street Address (P.O. Box Number is Not Acceptable) 1026 Island Manor Dr.
83
84 City Green Acres W.P.B. FL 85 Zip Code 33413

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 *Marcia Herzog* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERZOG, MAX
STREET ADDRESS	16748 WILLOW CREEK DR
CITY - ST - ZIP	DELRAY BEACH FL 33445
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERZOG, MARCIA
STREET ADDRESS	16748 WILLOW CREEK DR
CITY - ST - ZIP	DELRAY BEACH FL 33445
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herzog, Max
1.3 STREET ADDRESS	1026 Island Manor Dr.
1.4 CITY - ST - ZIP	Green Acres, FL 33413
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herzog, Marcia
2.3 STREET ADDRESS	1026 Island Manor Dr.
2.4 CITY - ST - ZIP	Green Acres, FL 33413
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)(f), 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: *Marcia Herzog* April 10, 1997 (561) 641-6316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)