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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
KEN MARINAK, INC.

P96000017127 (7)

## Mar 12 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		ira smaði oldin tynir lans sami
333 SE STRAIT AVE	333 SE STRAIT AVE			
PORT ST LUCIE FL 34983	PORT ST LUCIE FL 349	83	DO NOT WORTE IN THE	00405
			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified 02/22/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0646221	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	7 <sub>1</sub> p	Country		Added to Fees
24 25	29	30	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	Yes No
g, Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
MARINAK, KENNETH		81 Name		
333 SE STRAIT AVE				··· <u></u>
PORT ST LUCIE FL 34983		B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
1 0111 01 20012 12 01000		63		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607, 1508, Florida Statu	ites, the above-named co	rporation submits this statement for the purpose of	of changing its registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
	tions or, socion por Joseph F	ionua statutes.		
SIGNATURE Signature typed or protect name of registered agen	a and title if applicable. (NO	TE Registered Agent signature requ	uired when reinstating) DATE	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME MARINAK, ANN M		1.2 NAME		:
STREET ADDRESS 333 SE STRAIT AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP PORT ST LUCIE FL 34983		1.4 CITY - ST - ZIP		
TITLE	☐ DELFTE	2.1 TITLE		☐ Change ☐ Addition
NAME MARINAK, KENENTH		2.2 NAME		
STREET ADDRESS 333 SE STRAIT AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP PORT ST LUCKE FL 34983		2. 4 CITY-ST-ZIP	- Alexander - Alex	
THILE ST	☐ DELETE	3.1 TITLE	•	Change  Addition
NAME MARINAK, JEAN		3.2 NAME		
STREET ADDRESS 333 SE STRAIT AVE		3.3 STREET ADDRESS .		
CITY-ST-ZIP PORT ST LUCIE FL 34983		3 4. CITY-ST-ZIP		
TITLE	☐ DETELE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP	Thorete	4.4 CITY-ST-ZIP	I the state of the	A 220
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		ŀ
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-ST-ZIP	Driese	5.4 CITY-ST-ZIP		Dichard District
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME.		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 or an attachment with an address.

**SIGNATURE:** 

561-871-2210