## 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 # 1. Corporation Name

P96000018127 (6)

MAR-KAR, INC.

Samuel Committee of the Committee of the

Principal Place of Business

Mailing Address

## FILED Apr 23 1998 8:00am Secretary of State



445 MONUMENT RD. APT 604 445 MONUMENT RD. APT 604 JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 753 MARSH COUE LANG 753 MARSH COVE LANE Not Applicable 59-3362604 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible US A USA Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUIZ. MARCO A 445 MONUMENT RD, APT 604 JACKSONVILLE FL 32225 83 Zip Code 32022 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 Signature, typed or protest run e of registerrid agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE **PVST** ■ DELETE Change Addition 1.1 TITLE RUIZ MARCO A RUIZ, MARCO A 1.2 NAME 753 MARSH COVELANE 445 MONUMENT ROAD, APT 604 STREET ADDRESS 1.3 STREET ADDRESS RNTE VEDRA BEARLY, EL 32 JACKSONVILLE FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4.1 1ITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with his filing dops not realify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplementar auxilial report is time 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 decrease of the corporation or the decrease of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or principles of the corporation of the cor 4-17-58