SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019621 (7)

FILED Sep 17 1997 8:00am Secretary of State

MARS	MARKETING INC.				
Principal Plac	ce of Business	Mailing Address			-{ 1 (49) FOR COLUMN FOR THE POINT FOR T
1151 RICHMO	OOR CIR.	1151 RICHMOOR CIR.			
ORLANDO FL 32807 ORLANDO FL 3					
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report
					1 1
2, Principal F	Place of Business	2a. Mailing Address			02/29/1996 4. FEI Number Applied For
21		26			59 - 3365460 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			A0.7F
22		27			5. Certificate of Status Desired Fee Required
City & State		City & Stato			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	—	untry	8. This corporation owes or has paid the current year Intangible
24	25	29	30	T	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
SALAN, ADDI-NIZAN I				INGINO	
1151 RICHMOOR CIR.				82 Street Addr	ress (P.O. Box Number is Not Acceptable)
OH	RLANDÓ FL 32807			83	
				84 City	85 Zip Code
44 Purguant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	ites the s	hove-named core	
agent. I a SIGNATURE	am familiar with, and accept the obliner signature, typed or printed name of registered to			(ules. d Agent signature requir	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered as when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T	ITLE	☐ Change ☐ Addition
NAME	SALAH, ABDI-RIZAK I		1.2 N	IAME	
STREET ADDRESS	1151 RICHMOOR CIR.		1.3 \$	TREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807		1.40	ITY-ST-ZIP	
TITLE		DELETE	2.1 1	ITLE	Change Addition
NAME	İ		2.2 N	AME	
STREET ADDRESS]		2.3 S	TREET ADDRESS	
CITY-ST-ZIP			2 4 0	CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 T	ITLE	Change Addition
NAME	•		3.2 N	AME	
STREET ADDRESS			3.3 S	TREET ADDRESS	
CITY-ST-ZIP				DITY-ST-ZIP	
TITLE	1	☐ DELETE	417		Change Addition
NAME			4 21	1	
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP		T NEI DEL		ITY-ST-ZIP	
TITLE		DELETE	5.1 1		☐ Change ☐ Addition
NAME			5.2 N		
STREET ADDRESS				Tree1 address	
CITY-ST-ZIP		DELETE		ITY-ST-ZIP	
TITLE		☐ hereif	6.1 7	1	☐ Change ☐ Addition
NAME			6.2 N	ľ	
STREET ADDRESS	1		6.3 S	IREET ADDRESS	

Cfty-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 trusted 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.

9/1/97 (407)231-8644