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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jun 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # P9600 MAR VENTURES, INC.	0020349 (2	2)					
Principal Plac	e of Business	Mailing Address			I FORITARI PIR JURIA RETAR ROSER DOPAR ARRIER ADERI			
•	LDING, SUITE 303	GLADES BUILDING, SU	IITE 303					
877 EXECUTI	VE CENTER DRIVE. WEST	877 EXECUTIVE CENTE	er drive. Wes	T	DO HOT MOITE IN THIS COACE			
ST. PETERSB	BURG FL 33702	ST. PETERSBURG FL.	33702		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/05/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			\dashv
21		26			APPLIED FOR 59-5425	088	Not Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
		27					Pequired	_
City & State		₁	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			1
Zip	Country	[28]	Country		This corporation owes or has paid the			
24 25		29	├		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Register	ed Agent		
MA	ASCARA, ERNEST L		81	Name				7
	ADES BUILDING, SUITE 303		82	Street Add	dress (P.O. Box Number is Not Acceptable)			1
	7 exe cutive center drive, w	ÆST	4.					_
ST .	. PETERSBURG FL 33702		83					
		•	84	City		85 Zip	Code	1
44 Purcuant	to the provisions of Socious 6/17 01/	2 and 607 1508 Florida Stat	utes the abov	e-named con	poration submits this statement for the purpos		ite renistered	
office or r	registered agent, or both, in the State om familiar with, and accept the oblig	of Florida, Such change was	s authorized b	y the corpora	tion's board of directors. I hereby accept the	appointment a	s registered	
SIGNATURE								Î
	Signature typed or procedure or to reduced agout and bife displainable (NOB) OFFICERS AND DIRECTORS		OH Registered Ag	ent signature roqu	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		ADC IAL 12	18
12.	DPST DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change		7000
NAME	MASCARA, ERNEST L	•	1.2 NAME	}				1 1
STREET ADDRESS 877 EXECUTIVE CENTER DR W		W #303	1.3 STREET ADDRESS					DOCTOR
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY - ST - ZIP					
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	١١
NAME			2.2 NAME)				1
STREET ADDRESS			2.3 STREE					
CITY-ST-ZIP TITLE		DELETE	2.4 CITY- 31 THLE	ST-ZIP		Change	Addition	\exists
NAME			32 NAME			□ onanye	L. Addition	
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4 CITY-					
TITLE	DELETE					☐ Change	Addition	1
NAME			4. 2 NAME	\				ł
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	SI - ZIP				_
TITLE	DEFEA		5.1 TITLE			Change	Addition	
NAME			5.2 NAME			,	1	
STREET ADDRESS			5.3 STREET			10	J	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	61- ZIP		Chaoline	Addition	\forall
NAME			6.2 NAME		3000025444	\$ 75XX	17	
1			63 STREET	ADDRESS	3000025444 -06/02/9801031	045 💜		Ì
	Ī		I		state of the Control			- 1

CITY-ST-ZIP ###5850.00

14. Thereby certify that the information supplied with this filling 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 supplicmental 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.