

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

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90011 018 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **996000028944**

1. Corporation Name  
**MARCO BEACH GARDENS, INC.**

Principal Place of Business Mailing Address

**265 Sunrise Ave Suite 204 Palm Beach, FL 33460**      **265 Sunrise Ave Suite 204 Palm Beach, FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03-25-1996**

4. FEI Number **65-6707508** Applied For  Not Applicable

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

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **5895 Whirlaway Road** 26 **(SAME)**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Palm Beach Gardens, FL** 28 **Palm Beach Gardens, FL**

24 **33418** 25 Country 29 **FL** 30 **33418**

9. Name and Address of Current Registered Agent

**SAFRAN, PAUL JR.**  
**265 Sunrise Ave Suite 204**  
**Palm Beach, FL 33460**

10. Name and Address of New Registered Agent

81 Name **PAUL SAFRAN JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5895 Whirlaway Rd**

83 **Palm Beach Gardens**

84 City **FL** 85 Zip Code **33418**

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 *Paul H. J.* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*Paul H. J.* DATE **7/28/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>Director / President</b> <input type="checkbox"/> DELETE
NAME	<b>PAUL SAFRAN JR.</b>
STREET ADDRESS	<b>5895 Whirlaway Rd</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Paul H. J.* **PAUL SAFRAN JR.** **7/29/99** **561-627-3920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)