

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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT #

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

2. Principal Place of Business

21 5895 Whirlaway Road

Suite, Apt. #, etc.

22

City & State

23 Palm Beach Gardens, FL

Zip

33418

Country

24

25

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

27

City & State

28

Zip

33418

Country

29

30

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 ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/99

12. OFFICERS AND DIRECTORS

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

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		

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)(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 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. SAFRAN, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99  
Date

561-627-3920  
Daytime Phone #

CR2E034 (1/98)