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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000037285

MARC PRODUCTIONS, INC.

## **FILED** Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90019 006 \*\*\*150.00



Principal Place	e of Business	Mailing	Address								
1031 NORTH N	IIAMI BEACH BLVD.	1031 NO	ORTH MIAMI BEACH	BLVD.							
	BEACH FL 33162	NORTH	MIAMI BEACH FL 3	3162				DO NOT WR	ITE IN TUIC	SDACE	
										STACE	
<del></del>		<del></del>					-3. Date Incorporate	ea,or.Qualifed	=		<u></u>
							04/30/1996				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				Applied For
21 26							65-0665771				Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				
~~			City & State			6 Election Campa	ion Einancina		· \$5.0	0 May Be	
·		} <del></del>	28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
			ip Country			This corporation owes the current year Intangible					
¬ ¯′			29 30			Personal Property Tax.					
24	9. Name and Address of Currer			30	1		10. Name and Add	<u> </u>	Registered A		
	9. Name and Address of Currer	it Kegisteret	Agent		81	Name	10. Italile dila Add	ress or trew .	· regione ·		
21 A	VIN MARK R ESO				"	1401110					
SLAVIN, MARK B ESQ. 1031 NORTH MIAMI BEACH BLVD.					82	Street Add	ress (P.O. Box Number is Not Acceptable)				
NUF	RTH MIAMI BEACH FL 33162				83						
					84	City				85 Zi	p Code
					54	City			FL		,
SIGNATURE	Signature, typed or printed name of registered age				Agent s	signature require	ed when reinstating)	NCES TO OF	DATE	DIDEC.	TOPS IN 12
12	OFFICERS AN	ID DIRECTO	RS	13.			ADDITIONS/CHA	NGES TO OF	FICERS AN		
TITLE	PD	. –		1.1 हा	.1 TITLE					Chang	e 🔲 Addition
NAME	MENDELSON, CARROL			1.2 N/	AME						
STREET ADDRESS	1031 N. MIAMI BEACH BLVD.			1.3 \$1	TREET A	ODRESS					
CITY-\$T-ZIP	NORTH MIAMI BEACH FL 331	62		1.4 C	TY-ST-	ZŧP	=				
TITLE			☐ DELETE	2.1 TI	TLĒ					☐ Chang	e 🗌 Addition
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CITY-ST-ZIP TITLE			DELETE	3.1 TI					<del></del>	☐ Chang	e Addition
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NAME						ADDRESS	•				*
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NAME				4. 2 N							
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NAME				5.2 N							
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NAME				6.2 N	AME						
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	I					710					
CITY-ST-ZIP				6.4 C	TY-ST-	ZIF ;					

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:

Daytime Phone #