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 # P96000046982

MARSID INVESTMENTS, INC.

Principal Place of Busine
4309 ARTHUR STREET
HOLLYWOOD FL 33021

Mailing Address

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90113 013 ***150.00



4309 ARTHUR STREET HOLLYWOOD FL 33021		4309 ARTHUR STREET HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 06/03/1996				
2. Principal Plac	ce of Business	2a. Mailing Add	ress			4. FEI Number		Applied For		
4		26				65-0689047		Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #	f, etc.			5. Certificate of Status Desired	· -	.75 Additional ee Required		
City & State		City & State)			6. Election Campaign Financing Trust Fund Contribution		.00 May Be		
Zip	Country 25	Zip	Co.	intry		This corporation owes the current year Interpretation Personal Property Tax.	angible X Ye			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
GREEI	NSPAN, SIDNEY	<u> </u>		81 82	Name	(D.C. S. Alexandra National Assessments)				
4309 ARTHUR STREET					Street Address (P.O. Box Number is Not Acceptable)					
HOLLY	/WOOD FL 33021									
				84	City	FL	85	Zip Code		
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Flo	rida Statutes, the a	bove	-named corpo	pration submits this statement for the purpose of	changi	ing 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. (NO	E: Registered Agent signature requ	uired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENSPAN, SIDNEY	1.2 NAME	
STREET ADDRESS	4309 ARTHUR ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENSPAN, MARILYN B	22 NAME	
STREET ADDRESS	4309 ARTHUR ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	in Section 119 07/3\(ii) Florida Statutes I further certify that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Fronda Statutes. I findle 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 receipter of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the analysis and address, with all other like empowered.