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CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050825 (4)

MARR CORPORATION OF SOUTH FLORIDA

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12101 GARDEN LAKE CIR 12101 GARDEN LAKE CIR ODESSA FL 33556 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1996 2. Principal Place of Business 2a. Maling Address Applied For 21 26 Not Applicable 59:3387560 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm BD}$ Country This corporation owes or has paid the current year Intangible 24 Yes □ No 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODGERS, MICHAEL J 12101 GARDEN LAKE CIR 82 Street Address (P.O. Box Number is Not Acceptable) ODESSA FL 33556 83 84 City Zip Code 85 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, typod or printed name of registored agent and title if applicable (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE NAME RODGERS, MICHAEL J 1.2 NAME CR2E034 12101 GARDEN LAKE CIR STREET ADDRESS 1.3 STREET ADDRESS **ODESSA FL 33556** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME RONSON-RODGERS, ALYSSA N 22 NAME STREET ADDRESS 12101 GARDEN LAKE CIR 2.3 STREET ADDRESS CITY-ST-ZIP **ODESSA FL 33556** 2 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Спапде Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 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.