

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90140 013 ***150.00

DOCUMENT # **P96000053124**

1. Corporation Name

MARGELEN MANAGEMENT GROUP, INC.

Principal Place of Business

2900 W. First St.
Sanford, FL 32771

Mailing Address

2900 W. First St.
Sanford, FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23
Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28
Zip

Country

4. FEI Number

59-3389582

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

Leonard E. Williams
2518 Norfolk Road
Orlando, FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	Williams, Leonard E.	
STREET ADDRESS:	2518 Norfolk Road	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	Williams, Leonard E. Jr.	
STREET ADDRESS:	1119 Belleaire Cr.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Williams, Michael J	
STREET ADDRESS:	439 Knoll Tree Lane	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Williams, John A.	
STREET ADDRESS:	1100 Munster St.	
CITY-ST-ZIP	Orlando, FL 32803	
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:

Leonard E. Williams Jr. 4/14/99

407/323-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034/14/98