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 # P96000063848 1. Corporation Name

MARLA & JOE, INC.

Principal Place of Business

Mailing Address

FILED

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 050 ***150.00

4064 FOREST HILL BLVD. WEST PALM BCH FL 33406-5729 US		WEST PALM BCH FL 33406-5729			ים אסב		
		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/30/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
21		26			65-0688069	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27	·7		5. Certificate of Status Desired	Fee R	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	* * * * * * * * * * * * * * * * * * *	28	-	_	Trust Fund Contribution	Added	to Fees
Zip	Country Zip		Country		8. This corporation owes the current year Inta	ngible	
24	25 29 30		o			Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
		_	81	Name			-
TAVAGLIONE, JOSEPH				<u> </u>	(200 20 11 15-15 11-15 11-15)		
4064 FOREST HILL BLVD			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33406			83				
******	7 17 201 22 1011 12 00 100						
			84	City	FL	85 Zip	Code
44 Purcuent	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes	the above	a-named co	maration submits this statement for the nursess of c	hanging it	s registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	norized by	the corpora	tion's board of directors. I hereby accept the appoint	lment as r	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Floric	la Statutes	•			
SIGNATURE					ired when reinstating) DATE		}
	Signature, typed or printed name of registered agent		•	it signature redu	ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	OPS IN 12
12.	OFFICERS ANI	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICE INS AND	Change	Addition
TITLE	PSTD	□ DECE IE	1.1 TITLE				
NAME	TAVAGLIONE, JOSEPH		1.2 NAME				Ļ
STREET ADDRESS	13708 ALDSWORTH COURT		1.3 STREE	ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-S	r-ZIP			
TITLE	V DELETE 2.º		2.1 TITLE	ì		☐ Change	☐ Addition
NAME	REDMAN, MARLA		2.2 NAME				- 1
STREET ADDRESS			2.3 STREE	ADDRESS			J
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME	the second secon		3.2 NAME		A Company of the Comp		\
l				TADORESS	·		\
STREET ADDRESS	- I			ì			
CITY-ST-ZIP		DELETE	3.4. CITY-5 4.1 TITLE	1-ZIP		Change	☐ Addition
TITLE							
NAME			4.2 NAME				
STREET ADDRESS	_			ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ľ	•	☐ Change	Addition
NAME			5.2 NAME				i
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
			6.3 STREE	T ADDRESS	·		1
STREET ADDRESS			64 CITY-S	ľ	•		1

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 adachment with an address, with all other like empowered.

SIGNATURE:

561-750-8300