## 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 # **P96000085435**1. Corporation Name

MARSWEX GLOBAL ENTEPRISES, INC.

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Principal Place of Business Mailing Address						I (Satisfal tit letta antit astit astit astit astit antit antit antit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4229 ELLINWOOD BOULEVARD 4229 ELLINWOOD BOULEVA								
PALM HARBOR FL 34685 PALM HARBOR FL 34685			,			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/14/1996		
2. Principal P	lace of Business	2a. Mailing Address			<del></del>		olied For	
21 26						00 0 100000	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		
City & Stat	e	City & State		-		6. Election Campaign Financing 55.00	May Be	
23	_ '					Trust Fund Contribution Added to Fees		
Zip				untry	ı	8. This corporation owes the current year Intangible	current year Intangible	
24	25 29 3			Personal Property Tax.				
<del></del> 1	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
HAMMOND, JAMES M ESQ 1831 NORTH BELCHER ROAD #A-1 CLEARWATER FL 34625				82	Ctus at Add	dress (P.O. Box Number is Not Acceptable)		
				82	Street Add	gress (P.O. Box regress is not Acceptable)	1 15. 310 1857	
				83		The later of the l	(1), (1), (2)	
				L			9.2 (10.78)	
1				84	City	FL 85 Zip C	Code	
4.5		0502 and 607 1509. Elegida Stat	utoe the	above	n named com	rporation submits this statement for the purpose of changing its	registered	
office or r	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was	authonze	d by	the corporati	tion's board of directors. I hereby accept the appointment as rec	gistered	
1	,,,,, <del>,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						}	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registere	d Agen	nt signature require	red when reinstating) DATE		
12.	12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	P	☐ DÉLETE	1.1 T	TITLE		☐ Change	Addition	
NAME	WECHSLER, SERGIO		1.2 N	NAME				
STREET ADDRESS	ACCO FLUBBUIOCO		1.3 9	STREET	T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1,4 CITY-ST-ZIP		_		
TITLE	17.2 7	☐ DELETE	DELETE 2.1 TIT			Change	☐ Addition	
NAME			2.21	NAME			ĺ	
STREET ADDRESS			23.5	RTREET	T ADDRESS			
				CITY-S				
CITY-ST-ZIP		☐ DELETE	-	TITLE	21 ZII	☐ Change	☐ Addition	
				NAME		_ ,		
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				T ADDRESS	e grand a company of the company of		
STREET ADDRESS	2 ,							
CITY-ST-ZIP		□ DELETE		CITY-S	S1-ZIP	Change	Addition	
TITLE		₩ DELETE				- The state of the		
NAME	1		4.2	NAME				

CITY-ST-ZIP Asupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplemental 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 by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. 14. 1 hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed, o

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SERGIO WECHNIEZ - PREVIDENT

DELETE

☐ DELETE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

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02-11-1999 90028 024 \*\*\*150.00

Change

☐ Change

Addition