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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000087717 (0)

MARS TEXAS, INC.

FILED Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5300 NO. POWERLINE ROAD 5300 NO. POWERLINE ROAD FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For APPLIED FOR 65-0728 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apl # etc .75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zψ 8. This corporation owes or has paid the current-year Intangible 24 29 30 Personal Property Tax due June 30. Yes 🗌 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEGELMAN, MARK 5300 NO. POWERLINE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, typed or prote fluorie of regulared agent and title if apply able (NOTE Registered Agent signature requi red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE __ Change Addition TITLE BEGELMAN, MARK 1.2 NAME CRZEG94 NAME 5300 NO. POWERLINE ROAD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change ■ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5 1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption etafed in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of the

SIGNATURE:

1/7/98