FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000002031 (7) **DOCUMENT #** MARAND MANAGEMENT, INC. Principal Place of Business Mailing Address 3022 HARGETT LANE 3022 HARGETT LANE SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suit \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Żίρ Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BECKER, ANDREW C 3022 HARGETT LANE 82 Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34695 83 84 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD DELETE Change Addition TITLE 1.1 TITLE BECKER, ANDREW C NAME 1.2 NAME 3022 HARGETT LANE STREET ADDRESS 1.3 STREET ADDRESS SAFETY HARBOR FL 34695 CITY-\$T-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 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 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 of under certify that the information 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 under certify that the information 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 under certify that the information is true.

5.4 CITY - ST - ZIP

6.3 STREFT ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

■ DELETE

Change

☐ Addition

CR2E034 (10/97