

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90201 033 \*\*\*158.75

DOCUMENT # P97000015638

1. Corporation Name

MARX FINANCIAL CORPORATION

Principal Place of Business

13575 58TH ST. N., SUITE 149  
CLEARWATER FL 34620

Mailing Address

13575 58TH ST. N., SUITE 149  
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3439347

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

2. Principal Place of Business

21 14010 ROOSEVELT BLVD

Suite, Apt. #, etc.

22 SUITE 710

City & State

23 CLEARWATER FL

Zip

24 33762

County

25 PINELLAS

2a. Mailing Address

26 14010 ROOSEVELT BLVD

Suite, Apt. #, etc.

27 SUITE 710

City & State

28 CLEARWATER FL

Zip

29 33762

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

MARX, RAIMUND  
13575 58TH ST. N., STE. 149  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

SAME

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

SAME 14010 ROOSEVELT BLVD

83

SUITE 710

84 City

SAME CLEARWATER FL

85 Zip Code

33762

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 P ☐ DELETE

NAME MARX, RAIMUND  
STREET ADDRESS 13575 58TH ST. N., SUITE 149  
CITY-ST-ZIP CLEARWATER FL 34620

TITLE V ☐ DELETE

NAME MARX, DEBRA  
STREET ADDRESS 13575 58TH ST. N., SUITE 149  
CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 14010 ROOSEVELT BLVD., SUITE 710

1.4 CITY-ST-ZIP CLEARWATER, FL 33762

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 14010 ROOSEVELT BLVD., SUITE 710

2.4 CITY-ST-ZIP CLEARWATER FL 33762

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

727-538-7778

Daytime Phone #

CR2E034 (1/98)