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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000033711 (7)**

1. Corporation Name

**MARC ASSOCIATES INTERNATIONAL, INC.**

Principal Place of Business

**601 N LOIS AVE  
TAMPA FL 33609**

Mailing Address

**601 N LOIS AVE  
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1997**

4. FEI Number

**59-3440411**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**MARCUS, ELTON  
601 N LOIS AVE  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name

**Sean V. Donnelly**

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

**601 N. Lois Av**

83.

84. City

**Tampa**

**FL**

85. Zip Code

**33609**

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

*Sean V. Donnelly*

(NOTE: Registered Agent signature required when reinstating)

**4/14/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D  
MARCUS, ELTON**  
STREET ADDRESS **601 N LOIS AVE**  
CITY- ST- ZIP **TAMPA FL 33609**

TITLE ☐ DELETE

NAME **D  
SLATER, KEITH**  
STREET ADDRESS **601 N LOIS AVE**  
CITY- ST- ZIP **TAMPA FL 33609**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 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; and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE

*Elton Marcus*

**Elton Marcus**

**4/14/98**

**813-289-4400**

CR2E034 (10/97)