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,PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700035509 1. Corporation Name

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90015 016 ***150.00

MAREDI	IAN MANAGEMENT, INC.							
Principal Plac	ce of Business	Mailing Address			1 (0E)/UE/ ((0 +0()/ 100/ 100/	ii Bacii Abiii Bali	88 11591 BIJUL 81()(
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KISSIMMEE FL 34746 KISSIMMEE FL 34746					DO MOT		0.004.05	
US		U\$				VRITE IN THE	S SPACE	
	•				3. Date Incorporated or Qualit	ea		
2 Principal P	Place of Business	2a. Mailing Address			04/21/1997 4. FEI Number		T As	plied For
21	add of Business	26			59-3441556		<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	
22	,	27			5. Certifcate of Status Desired		Fee Re	- 1
City & Stat	te	City & State			6. Election Campaign Financi	na	\$5.00	May Be
23 28					Trust Fund Contribution	ig 🗆	Added	
Zip	Country	Zip	Countr	у	8. This corporation owes the o	current year Ir	ntangible	
24		29	30		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curren				10. Name and Address of Ne	w Registered	d Agent	
DAL	の (OUN) V	ADDITH OF	8	1 Name				
BAU BAU	JM, JOHN V SOUTH SWOOPE AVENUE		8:	2 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
LAND BAAR	TLAND FL 32751					<u> </u>		1 2 17 19 1 10 1
· · · · · · · · · · · · · · · · · · ·	1LAND FL 32/31		8:	3		4		
			84	4 City	<u> </u>		85 Zip	Code
1000 100 100	Mark Sang Control of the Control of			1		FI		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Statuti of Florida, Such change was a	es, the abor	ve-named corp	poration submits this statement for ion's board of directors. I hereby ac	the purpose of cent the appo	of changing its pintment as re	registered gistered
45 agent. La	im familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statute	S.				J
								1
SIGNATURE								
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Age		ed when reinstating)	DATE	<u></u>	
12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE	: Registered Age	ent signature require		DATE	ND DIRECTO	PRS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN PD	nt and title if applicable. (NOTE	13.	ent signature require	ed when reinstating)	DATE	<u></u>	
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD HASANBHAI SAMIR	nt and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature require	ed when reinstating)	DATE	ND DIRECTO	PRS IN 12
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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 of 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 or) an attachment with an address, with all other like empowered.