SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90019 001 *****8.75
07-14-1999 90019 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045138

1. Corporation Name
MARILYN DEMARTINI, INC.

Principal Place of Business	Mailing Address
1301 BAYVIEW DRIVE #7 FT LAUDERDALE FL 33304 US	1301 BAYVEIW DR #7 FT LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1997

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0754320 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 E. SUNRISE BLVD.
STE 502
FT LAUDERDALE FL 33043

10. Name and Address of New Registered Agent

81 Name
82 *Street Address (P.O. Box Number is Not Acceptable)*
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE MARTINI, MARILYN 1301 BAYVIEW DR., #7 FT LAUDERDALE FL 33304	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 7/7/99 954-564-7234

Marilyn
DeMartini
writer
marketer

P97000045138
588371-90019-1

July 7, 1999

Division of Corporations
Annual Report Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Marilyn DeMartini, Inc. Fed ID# 65-0754320 Annual Report Filing

To Whom It Concerns: Sent Federal Express to: 409 East Gaines St.
Tallahassee, FL 32399

As instructed by the telephone attendant today, I am enclosing a check (#1219) in the amount of One Hundred Fifty Dollars ($150.00) for 1999 Annual Report Filing for Marilyn DeMartini, Inc. Fed. ID # 65-0754320.

This check will replace check #1138, in the same amount, sent to you on March 17, 1999. Though I had not yet received the cancelled check from the bank, I assumed that it was just a delay in the return. I have enclosed a copy of the form sent, and a copy from my check book, showing the duplicate check. Though the copy is not clear because of the pressure sensitive duplicate checks, I hope that you can discern that the check was written and sent in March. I did not send it Certified or Return Receipt Requested, because I had never had any problems with mail to Tallahassee. In the future, I will be certain to use an overnight or guaranteed delivery option, as I have with this mailing.

As you can imagine, I was shocked to receive the "Second Notice" package yesterday, as I had fully complied to the first notice package and even sent it in months early. Please notify me if I should stop payment on the check, or if it has been belatedly received. If you have any questions, please call me at 954-564-7234, or reach me on my cellular phone at 954-610-3330, if I am not in my office. Thank you for your timely attention and understanding.

Sincerely,

Marilyn DeMartini

Enclosures: Copy of Corporation Annual Report 1999 Form Filed 3/17/99
Copy of duplicate check from check book #1138 for $150.00
Check #1219 for $150.00
1220 # 8.25 - Certificate of Status

1301
Bayview Drive
Suite 7
Ft. Lauderdale
Florida 33304
Phone:
954.564.7234
Fax:
954.564.7928
Dmartinjun@...