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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700060864 (0)

## FILED Mar 30 1998 8:00am Secretary of State

1. Corporation MARIAN	N POLAN MODEL MANAGEN	MENT, INC.			
Principal Place	e of Business	Mailing Address	••••	-{	HTO BHAN BUIND IODH GIVIL GIGI DAN
8000 PETERS RD.: 2ND FL. 8000 PETERS RI		8000 PETERS RD., 2ND FL PLANTATION FL 33324			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 07/14/1997	
21 407	Lucoln Road	2a. Mailing Address		4. FEI Number 65-6795241	Applied For Not Applicable
Suite, Apt.	te 85	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	my Beach, th	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 331	39 Country USA		Country 0	This corporation owes or has paid the Personal Property Tax due June 30.	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	tered Agent
	INBERG, STEVE		81 Name		
8000 PETERS RD., 2ND FL.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PL#	UNTATION FL 33324		-		
			83		
			84 City		85 Zip Code
dd Dwraupal	to the provisions of Cooling COZ OFO	and CO7 4500 Flacide Otal 4-	**	de la constant de la	FL   S   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.					
l agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of rogistered ager	it and title if anningable (NOTE:	Registered Agent signature require	d when reinstation	DATE .
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELE <b>TE</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, BRETT E		1.2 NAME		
STREET ADDRESS	8000 PETERS RD., 2ND FL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY - ST - ZIP		
TITLE	PVST	DELETE	2.1 TITLE		Change Addition
NAME	HOWELL, BRETT E		2.2 NAME	<del>.</del>	
STREET ADDRESS	8000 PETERS RD., 2ND FL.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	<u></u>	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELET <b>E</b>	3.4. CITY-ST-ZIP		D Character L Addition
TITLE		☐ DELEG <b>E</b>	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Change roducer
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		<b>A</b>	6.4 CITY - ST - ZIP		İ
	ertify that the information supplied wit	h this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I furth	her certify that the information

14. I hereby certify that the information supplied with first 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 supplience that an under cath; that I am an officer or director of the corporation or the receiver of trustee emporant to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for go an attachment with an address.

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3/24/98