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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000078398**1. Corporation Name

MARCHRIS ENTERPRISES, INC.

Principal Place of Business Mailing Address						- []001;1081 (4 1041 1041 1041 1041 1041 1041	IBBBI IBTAB ITIM	18101 (BH 1881
		1107 ERMINE AVNEUE	· ·					
WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708						
US		US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						09/10/1997		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21 26						<u>59-3473755</u>	No:	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	p \$8.75 A	
27						- NE	Fee Re	quired
City & State City & State						6. Election Campaign Financing	. \$5.00	, ,
23	28					Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Cou			У		8. This corporation owes the current year In		_
24	25 29 30					Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	81			10. Name and Address of New Registered	Agent	
				Na	me	•		
AMERILAWYER CHARTERED			82	! Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE								
CORAL GABLES FL 33134			83	3				
			84	Cit			85 Zip C	- abo
						FL	-	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-nan	ned corpo	ration 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		,						Ì
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE. R	egistered Age	nt signa	ture required	when reinstating) DATE		_
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTO	
TITLE .	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	PITTER, ANDREW		1.2 NAME		ļ			
STREET ADDRESS	1107 ERMINE AVNEUE 1.38		1.3 STREE	TADOR	ESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-5	ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE			1,	Change	Addition
NAME	PITTER, CLIVE		2.2 NAME		} -			}
STREET ADDRESS	1107 ERMINE AVNEUE 23S		2.3 STREE	TADDR	ESS		•	}
CITY-ST-ZIP	WINTER SPRINGS FL 32708 2.4		2. 4 CITY-	ST-ZIP	}			}
TITLE			3.1 TITLE			:	Change	☐ Addition
NAME	PITTER, CLAUDETTE	TTER, CLAUDETTE 32N						
STREET ADDRESS			3.3 STREE	TADDR	ESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708 34.0		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	E 4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME		_			
STREET ADDRESS			4.3 STREE	T ADDR	ESS	••		+
CITY-ST-ZIP			4.4 CITY- 9	ST-ZIP				,
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME		1			{
STREET ADDRESS			5.3 STREE	TADDR	ESS			
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP				
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					1
STREET ADDRESS			6.3 STREE	TADDR	ESS			
CITY-ST-ZIP			6.4 CITY-S	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 of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE: