PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90144 037 ***150.00

DOCUMENT # P9700085131 1. Corporation Name MARANA INVESTMENTS, INC.						
Dringing Floor	of Punings	Mailing Address				
Principal Place of Business Mailing Address 14300 SITRLING ROAD FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 10/02/1997	
2. Principal Place of Business 2a. Mailing Address		├ ──			4. FEI Number Applied For 65-0784236 Not Applicable	
		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
22 27 City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intengible Personal Property Tax.	
24	25 29 30 9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	it Registered Agent	- 8	1 Name	10. Hamo and Addicas of the Fragresia I gove	
MARANA, DEBRA 14300 STIRLING RD					dress (P.O. Box Number is Not Acceptable)	
716	AUDERDALE FL 33330		8	3		
			8	4 City	FL 85 Zip Code	
Office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flori	itnorized t ida Statuti	ey the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered [Red when reinstatung] [DATE]	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	Marana, Debra M		1.2 NAM	E		
STREET ADDRESS	14300 STIRLING ROAD		13 STRE	ET ADDRESS		
CITY-ST-ZIP	ST-ZIP FT LAUDERDALE FL 33330		1.4 CITY	-ST-ZIP		
TITLE	☐ DELETE		2.1 TITU		☐ Change ☐ Addition	
NAME			2.2 NAM			
STREET ADDRESS			2.3 STR	ET ADDRESS	,	
CITY-ST-ZIP			2.4 CITY	-ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAM	E \		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP	:		3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL		☐ Change ☐ Addition	
NAME			4 2 NAN	E		
STREET ADDRESS			4.3 STRI	ET ADDRESS		
CiTY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE			5.1 TITLI		. Change Addition	
NAME			5.2 NAM	E	·	
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	İ	

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 arn 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 plaged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STRFFT ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition