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

**FILED** Mar 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P97000092250 (4) MARFLO CORPORATION Principal Place of Business Mailing Address 6507 107TH TERRACE NORTH 6507 107TH TERRACE NORTH PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2, Principal Place of Business 2a. Mailing Address Applied For 59-3475237 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip This corporation owes or has paid the current year Intengible 24 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name WEST, WALLACE M 6507 107TH TERRACE NORTH Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33782 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE PRESIDENT 1.2 NAME NAME WALLACE M. WEST CR2E034 STREET ADDRESS 1.3 STREET ADDRESS 6507 107TH TERRACE NORTH CITY-ST-ZIP 1.4 CITY - ST - ZIP <u>PINELLAS PARK, FLORIDA 33782</u> DELETE Change Addition TITLE 2.1 TITLE DIRECTOR NAME 2.2 NAME EDWARD BAKER STREET ADDRESS 2.3 STREET ADDRESS 53-42 196TH STREET FLUSHING, NY 11365 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOLE DIRECTOR NAME 3.2 NAME ALBERT SHELENG 52-54 62ND STREET 3.3 STREET ADDRESS STREET ADDRESS MASPETH, NY 11378 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE DIRECTOR RICHARD SHELENG NAME 4.2 NAME 899 DEL GANADO ROAD 4.3 STREET ADDRESS STREET ADDRESS SAN RAFAEL, CALIFORNIA 94903 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

DELETE

3/23/98

(813) 541-7875

Change

Addition