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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90093 010 \*\*\*150.00

## DOCUMENT # P9800003917 1. Corporation Name

MARVELS, INC.

| Principal Place | e of Business   | Mailing Address                               |                                  |   |               |  |
|-----------------|---|---|----------------------------------|---|---------------|--|
| 5335 VILLAGE    |   | 5335 VILLAGE MARKET<br>WESLEY CHAPEL FL 33543 |                                  |   |               |  |
| WESLEY CHAP     | EL FL 33943   | WESLET CHAPEL PL 33343                        |                                  | DO NOT WRITE IN THIS                                | SPACE         |  |
|                 |   |   |                                  | 3. Date Incorporated or Qualifed                    |               |  |
|                 |   |   |                                  | 01/12/1998  |               | }  |
| a Deinsteal D   | leas of Business  | 2a, Mailing Address                           |                                  | 4. FEI Number                                       | I An          | plied For  |
| 2. Principal P  | lace of Business  |   | 1.41 7.00                        |   | <u> </u>      | t Applicable                                     |
| 21              |   | 26 8802 Eagle W                               | DOLCH DVIV                       | f .   |               |  |
| Suite; Apt.     | #, etc.   | Suite, Apt. #, etc                            |                                  | 5. Certificate of Status Desired                    | \$8.75 A      | ,  |
| 22              |   | 27  | _ <del></del>                    |   |               |  |
| City & Stat     | e   | City & State                                  | ٠,                               | 6. Election Campaign Financing                      | \$5.00        |  |
| 23              |   | 28 KNOUVIEW, F                                | <u> </u>                         | Trust Fund Contribution                             | Added t       | o rees   |
| Zip ·           | Country   |   | puntry                           | 8. This corporation owes the current year in        |               | п.,  |
| 24              | 25  |   | tills borou                      |   | <b>₽</b> Yes  | □No  |
|                 | 9. Name and Address of Current  | Registered Agent                              |                                  | 10. Name and Address of New Registered              | Agent         |  |
|                 | DIN DAMP 4  |   | 81 Name                          |   | •             |  |
| MURPHY, DAVID J |   |   | 82 Street Add                    | dress (P.O. Box Number is Not Acceptable)           |               |  |
|                 | 17 THIRD ST   |   |                                  |   |               |  |
| DAD             | E CITY FL 33523   |   | 83                               |   |               |  |
|                 |   |   |                                  |   | last Zin (    |  |
|                 |   |   | 84 City                          | FL  | 85 Zip (      | >ode   |
| 44 Pursuant     | to the provisions of Sections 607 0502  | 2 and 607 1508 Florida Statutes, the          | above-named cor                  | rporation submits this statement for the purpose of | changing its  | registered                                       |
| office or r     | registered agent, or both, in the State of<br>im familiar with, and accept the obligation | of Florida. Such change was authorize         | ed by the corpora                | tion's board of directors. I hereby accept the appo | intment as re | gistered   |
| SIGNATURE       |   | WOTE D  | ed Agent signature requi         | red when reinstation) DATE                          |               |  |
| <del></del>     | Signature, typed or printed name of registered agent                                      |   | <del></del>                      | ADDITIONS/CHANGES TO OFFICERS AF                    | IN DIRECTO    | DS IN 12   |
| 12.             | OFFICERS AND  |   |                                  | ADDITIONS/CHANGES TO OFFICERS A                     | Dichange      | ☐ Addition                                       |
| TITLE           | D ANNA ANNA ANNA STATE A  |   | TITLE                            |   | (=) Ollarigo  |  |
| NAME            | AUMANN, VINCENT A   |   | NAME                             | rail No. Pidas Court                                |               |  |
| STREET ADDRESS  |   | 1.3   | STREET ADDRESS                   | 19224 Oled Wade Com                                 |               |  |
| CITY-ST-ZIP     | WESLEY CHAPEL FL 33543  |   | CITY-ST-ZIP                      | 6534 Oley Ridge Court<br>Tampa, FL 33624            |               | <del></del>                                      |
| TITLE           |   | ☐ DELETE 2.1                                  | TITLE,                           | ,   | Change        | Addition   |
| NAME            |   | . 2.2   | NAME .                           |   |               |  |
| STREET ADDRESS  |   | 2.3   | STREET ADDRESS                   |   |               |  |
| CITY-ST-ZIP     |   | 2.4   | CITY-ST-ZIP                      |   |               |  |
| TITLE           |   |   | TITLE                            |   | Change        | Addition   |
| NAME            |   |   | NAME                             |   |               |  |
|                 | · · ·   | g · ·   | STREET ADDRESS                   |   |               |  |
| STREET ADDRESS  |   |   |                                  |   |               |  |
| CITY-ST-ZIP     |   |   | CITY-ST-ZIP<br>TITLE             |   | Change        | Addition   |
| TITLE           |   |   | ſ                                |   |               | ٠, ٠٠٠٠٠٠٠٠٠٠٠٠                                  |
| NAME            |   |   | NAME                             |   |               |  |
| STREET ADDRESS  |   |   | STREET ADDRESS                   |   |               |  |
| CITY-ST-ZIP     |   |   | CITY-ST-ZIP                      |   |               | <b>5</b> 1 1 12 12 12 12 12 12 12 12 12 12 12 12 |
| TITLE           | }   |   | TITLE                            |   | Change        | Addition   |
| NAME            |   |   | 11 A 5 APC                       |   |               |  |
| STREET ADDRESS  |   | . 52  | NAME                             |   |               |  |
|                 |   | •   | STREET ADDRESS                   |   |               |  |
| CITY-ST-ZIP     |   | 5.3   | 1                                |   |               |  |
| CITY-ST-ZIP     |   | 5.3   | STREET ADDRESS                   |   | ☐ Change      | Addition   |
| TITLE           |   | 5.3<br>5.4<br>DELETE 6.1                      | STREET ADDRESS<br>CITY-ST-ZIP    |   | ☐ Change      | Addition   |
|                 |   | 5.3<br>5.4<br>DELETE 6.1<br>6.2               | STREET ADDRESS CITY-ST-ZIP TITLE | <u> </u>  | ☐ Change      | ☐ Addition                                       |

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, with all other like empowered.

6.4 CITY+ST-ZIP

813-671-0625