

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90048 032 ***150.00

DOCUMENT # P98000007704

1. Corporation Name

MAR-SAB, INC.



Principal Place of Business

Mailing Address

~~3600 BENEVA OAKS BLVD.~~
~~SARASOTA FL~~

~~3600 BENEVA OAKS BLVD.~~
~~SARASOTA FL~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

65-0817658

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3911 TORREY PINES BLVD

26 3911 TORREY PINES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

Zip

Country

24 34238

25

USA

29 34238

30

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AQUINO, MARCELLO

~~3600 BENEVA OAKS BLVD.~~

~~SARASOTA FL~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3911 TORREY PINES BLVD

83

84 City SARASOTA

FL

85 Zip Code 34238

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME AQUINO, MARCELLO

STREET ADDRESS ~~3600 BENEVA OAKS BLVD.~~

CITY-ST-ZIP SARASOTA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT

☐ Change

☐ Addition

3911 TORREY PINES BLVD

SARASOTA, FL 34238

TITLE ☐ DELETE

NAME AQUINO, VINCENZA

STREET ADDRESS ~~3600 BENEVA OAKS BLVD.~~

CITY-ST-ZIP SARASOTA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3911 TORREY PINES BLVD

SARASOTA FL 34238

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE REQUIRED AQUINO 1-599 941-922-9652
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)