

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90086 043 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000010520

1. Corporation Name
MARCITE OF VENICE, INC.



Principal Place of Business
**1445 PORPOISE RD
 VENICE FL 34293**

Mailing Address
**1445 PORPOISE RD
 VENICE FL 34293**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1998

2. Principal Place of Business
 21 **1008 Ponderosa Rd.**

2a. Mailing Address
 26 **2623 Gentran Rd**

4. FEI Number
65-0901304

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 **S. Venice FL**

Suite, Apt. #, etc.
 27 **S. Venice, FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **34293 U.S.A.**

City & State
 28 **34293 U.S.A.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **25 U.S.A.**

Zip Country
 29 **30 U.S.A.**

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

**STRICKLAND, DAN
 1445 PORPOISE RD
 VENICE FL 34293**

81 Name **DAVID PORVAZNIK**
 82 Street Address (P.O. Box Number is Not Acceptable)
1008 Ponderosa Rd
 83
 84 City **S. Venice FL** 85 Zip Code **34293**

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 **David Porznik**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, DAN
STREET ADDRESS	1445 PORPOISE RD
CITY-ST-ZIP	VENICE FL 34293
TITLE	D <input type="checkbox"/> DELETE
NAME	PORVAZNIK, JOHN
STREET ADDRESS	1008 PONDEROSA RD
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 **941-493-4143**
 Date Daytime Phone #

CR2E034 (11/98)