

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90050 049 ***150.00

DOCUMENT # P98000010835

1. Corporation Name

M A R B I TECHNOLOGICAL MILL SERVICES, INC.



Principal Place of Business
1822 BREAKERS WEST COURT
WEST PALM BEACH FL 33411

Mailing Address
1822 BREAKERS WEST COURT
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

65-0824400

Applied For

Not Applicable

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

2. Principal Place of Business

21 2760 White Wing Ln.

Suite, Apt. #, etc.

22 City & State

23 W. PALM BEACH, FL.

24 Zip

33409

25 Country

U.S.A.

2a. Mailing Address

26 2760 White Wing Ln.

Suite, Apt. #, etc.

27 City & State

28 W. PALM BEACH, FL

29 Zip

33409

30 Country

USA

9. Name and Address of Current Registered Agent

ROSILLO, ROBERT A
501 SEA OATS DR. A-1
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name BEENARD CHAIMOWICZ

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

83 2980 WEST TRADE AVENUE

84 City Coconut Grove

FL

85 Zip Code

33133

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)

2/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KOCH, MARK
STREET ADDRESS 1822 BREAKERS WEST COURT
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME MARILYN KOCH
1.3 STREET ADDRESS 2760 White Wing Ln.
1.4 CITY-ST-ZIP W. PALM BEACH, FL. 33409

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

M SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

561-686-2283

Daytime Phone #

CR2E034 (11/98)