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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P98000015012
Mara Linda, inc.	

Principal Place of Business Mailing Address 4780 10TH ST. 4780 10TH ST. VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principa Place of Business 2a. Mailing Address 26 21

02/16/1998 4. FEI Number Applied For 59, 2571551 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & Sate City & State \$5.00 May Be 6. Electio i Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible []No 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent LISS, LINDA Street Address (P.O. Box Number is Not Acceptable) 82 4780 10TH ST. VERO BEACH FL 32966 83 84 City Zip Code Fl

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed hai he of registered agent, and title if applicable (NOTI:: Registered Agent signature requ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS (IND DIRECTORS IN 12 12. 13. ☐ Change Addition ☐ DELETE TITLE 11TITLE LISS, LINDA C 1.2 NAME NAME 4780 10TH ST. 1.3 STREET ADDRESS STREET ADORESS VERO BEACH FL 32966 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 21 TITLE TITLE LISS, MARVIN C 22 NAME 4780 10TH ST. 2.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition C DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE ππε 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further dertify 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 1.2 or Block 13 if changed, or on an attachment with an address, with a light empowered.

SIGNATURE: 🖄

CR2E034 (11/98)