

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90005 046 ***550.00

DOCUMENT # **P98000029836**

1. Corporation Name
MARKTRONICS, INC.

Principal Place of Business
**150 E. PALMETTO PARK ROAD
SUITE 705
BOCA RATON FL 33432**

Mailing Address
**150 E. PALMETTO PARK ROAD
SUITE 705
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **245 NE 4th Ave**

26 **245 NE 4th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101**

27 **101**

City & State

City & State

23 **Delray Beach FL**

28 **Delray Beach FL**

Zip

Zip

24 **33483**

29 **33483**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0849931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**ROMANO, PAUL
541 GOLDEN HARBOR DRIVE
BOCA RATON FL 33432**

81 Name

Paul Romano

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

509 Palm Trail

83

84 City

Delray Beach

FL

85 Zip Code

33483

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 **D** ☐ DELETE
NAME **ROMANO, PAUL**
STREET ADDRESS **541 GOLDEN HARBOR DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Paul Romano**
1.3 STREET ADDRESS **509 Palm Trail**
1.4 CITY-ST-ZIP **Delray Beach FL 33483**

TITLE **D** ☐ DELETE
NAME **KUHNEMUND, JOHN**
STREET ADDRESS **15 ISLE OF VENICE #12**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **John Kuhnemund**
2.3 STREET ADDRESS **3101 Port Royal Blvd # 437**
2.4 CITY-ST-ZIP **Ft Lauderdale FL 33308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Paul Romano President 7/1/99

CR2E034 (5/99)

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