

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
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90001 035 ***550.00

DOCUMENT # **P98000040519**

Corporation Name

MARDALU ENTERPRISES, INC.

Principal Place of Business
S. ORANGE BLOSSOM TRAIL
PKA FL 32703

Mailing Address
734 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------|--|---|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/04/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3518199 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MARQUEZ, MARTHA A 734 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. | |
| | | | | 84. City FL 85. Zip Code | |

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|---|
| ST-ADDRESS | DPST MARQUEZ, MARTHA A 734 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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:

SIGNATURE REQUIRED

8-31-99 407-8149940

Date Daytime Phone #

CR2E034 (5/99)