

FILE NOW: FILING FEE AFTER MAY 15 IS \$350.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000043067

Corporation Name  
MARCO TOWN CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 26 PM 1:10



Principal Place of Business  
2401 PGA BOULEVARD #280  
PALM BEACH GARDENS FL 33410

Mailing Address  
2401 PGA BOULEVARD #280  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |                                                                              |  |
|--------------------------------|--|---------------------|--|------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                            |  |
| 1                              |  | 26                  |  | 05/12/1998                                                                   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                |  |
| 22                             |  | 27                  |  | 65-0838034                                                                   |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired                                             |  |
| 7                              |  | 38                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required                      |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                                               |  |
| 25                             |  | 29                  |  | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Country                        |  | Country             |  | 7. This corporation owes the current year intangible Personal Property Tax.  |  |
| 23                             |  | 30                  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |  |

WIENER, DAVID J  
1400 CENTREPARK BOULEVARD  
SUITE 1400  
WEST PALM BEACH FL 33401

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2401 PGA Boulevard  
83 Suite 280  
84 City  
Palm Beach Gardens  
85 Zip Code  
FL 33410

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]* DATE 2-9-99

| 12. OFFICERS AND DIRECTORS                                                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                      |  |
|------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> DELETE                                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| D<br>PRESTON, JOHN W<br>C/O 2401 PGA BOULEVARD #280<br>PALM BEACH GARDENS FL 33410 |  | 1.1 TITLE<br>DP<br>1.2 NAME<br>300002942449<br>1.3 STREET ADDRESS<br>-07/27/99--01027--024<br>1.4 CITY-ST-ZIP<br>***150.00 ***150.00                       |  |
| <input type="checkbox"/> DELETE                                                    |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| D<br>GREEN, ROBERT S<br>C/O 2401 PGA BOULEVARD #280<br>PALM BEACH GARDENS FL 33410 |  | 2.1 TITLE<br>VPST<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                     |  |
| <input type="checkbox"/> DELETE                                                    |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |  | 3.1 TITLE<br>D<br>3.2 NAME<br>COHEN, PETER F.<br>3.3 STREET ADDRESS<br>2851 JOHN STREET, SUITE ONE<br>3.4 CITY-ST-ZIP<br>MARKHAM, ONTARIO CANADA L3R5R7    |  |
| <input type="checkbox"/> DELETE                                                    |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |  | 4.1 TITLE<br>DVPAS<br>4.2 NAME<br>BERNICK, LARRY<br>4.3 STREET ADDRESS<br>2401 PGA BOULEVARD, SUITE 280<br>4.4 CITY-ST-ZIP<br>PALM BEACH GARDENS, FL 33410 |  |
| <input type="checkbox"/> DELETE                                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |  | 5.1 TITLE<br>D<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                        |  |
| <input type="checkbox"/> DELETE                                                    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 in an amendment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Larry Bernick, Vice President

561-624-9500