FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0% PROFIT FLORIDA DEPARTMENT May 04, 1999 8:00 am CORPORATION Katherine H ANNUAL REPORT \*\* Secretary of State Secretary C **DIVISION OF CORPORATIONS** 05-04-1999 90012 032 \*\*\*150.00 DOCUMENT # \$ 98000065326 \$ MOREIL MARKETING Group, INC. Mailing Address (SAKE) 840 NW 21 5 Way Delray Beach, FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0851037 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added.to.Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible PNO 25 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Steele 840 NW ZIST Way Street Address (P.O. Box Number is Not Acceptable) Delvay Beach, FL 33445 83 84 City Zip Code 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) CR2E034 (11/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **ESIDENT** DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE renpa Morrow 1.2 NAME NAME 840 NW 21 Way STREET ADDRESS 1.3 STREET ADDRESS Derroy Box, FL VICE President 33445 CITY-ST-ZIP 14 CITY-ST-ZIP Addition ☐ DELETE ☐ Change TITLE 2.1 TITLE michele Steele NAME 2.2 NAME 840 NW 21 Way STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE Addition 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 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

SIGNATURE

ed, or on an attach nent with an address, with

TURE AND TYPED OR PRINTED NAME