07-20-1999 90024 046 **550.00

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

07-20-1999 90024 046 **550.00

FILED

99 SEP -3 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069975

1. Corporation Name
THE MARC-US, CORPORATION

Principal Place of Business	Mailing Address
4900 38TH WAY SOUTH UNIT 205 ST. PETERSBURG FL 33711	4900 38TH WAY SOUTH UNIT 205 ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
08/11/1998

4. FEI Number
593524953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GUTLIFF, YATE K~~
~~501 FIRST AVENUE NORTH SUITE 507~~
~~ST. PETERSBURG FL 33701~~
PAUL A. KUBALA
5695 KIWANIS PL NE ST. PETE, FL 33703

10. Name and Address of New Registered Agent

81 Name: Yate Cutliff
82 Street Address (P.O. Box Number is Not Acceptable): 5695 Kiwanis Place N.E.
83
84 City: St Pete FL 85 Zip Code: 33703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT, SECRETARY, TREASUR	☒ Change ☐ Addition
NAME	MARCUS, ROBERT F		1.2 NAME	PAUL A. KUBALA	
STREET ADDRESS	4900 38TH WAY SOUTH UNIT 205		1.3 STREET ADDRESS	5695 KIWANIS PL NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MARC		2.2 NAME		
STREET ADDRESS	4900 38TH WAY SOUTH UNIT 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, DAVID		3.2 NAME		
STREET ADDRESS	4900 38TH WAY SOUTH UNIT 205		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WENDY		4.2 NAME		
STREET ADDRESS	4900 38TH WAY SOUTH UNIT 205		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TILLEY, CLIVE		5.2 NAME		
STREET ADDRESS	4900 38TH WAY SOUTH UNIT 205		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	TS 9/3/99	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	per conversation with Mr. Kubala	

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, with all other like empowered.

SIGNATURE: [redacted] 7/8/99 727-5275132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)