PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000094073

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90169 048 ***158.75

1. Corporatio	n Name	0000407							
 	(D)	Marilian An	Idea ao		_		-}	BBING (BAN BIBN BBAN I	188
Principal Place of Business Mailing Address							•		
340 SOMERSET WAY 340 SOMERSET WAY WESTON FL 33326 WESTON FL 33326							1		
WESTON FL 33320 WESTON FL 55520							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							11/05/1998	1	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	87 Ap	olied For
21	26						65-08/5	O No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\$8.75 A	
22	27						3. Octavolic of citato Doubles	Fee Re	quired
	City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23	28						Trust Fund Contribution Added to Fees		
Zip	Country Zip				Country		8. This corporation owes the current year Intangible		
24				30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent					4		10. Name and Address of New Registr	ered Agent	
npc	HOHOMME DENE			8	1 Name				
PREUDHOMME, RENE			8	2 Street	Addre	Iress (P.O. Box Number is Not Acceptable)			
340 SOMERSET WAY WESTON FL 33326				-	<u> </u>				
VVE	310N FL 33320			8	3				
\				8	4 City			85 Zip (ode
								FL 00 2 0	
agent. La	am familiar with, and accept the	e State of Florida. Such e obligations of, Section	s, Florida Statut n change was a n 607,0505, Flo	es, the about nthorized b rida Statute	ve-named y the com s.	oration	oration submits this statement for the purpoin's board of directors, I hereby accept the s	appointment as reg	gistered
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable	e (NOTE	Registered Ag	ent signature	required	when reinstating) DA	/ =	
12.	OFFICE	RS AND DIRECTORS	·	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	1			1.1 TITLE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			☐ Change	☐ Addition
NAME				1.2 NAM					
STREET ADDRESS				1.3 STRE			•		\
CITY-ST-ZIP	WESTON FL 33326			1.4 CITY-	ST-ZIP				
TITUE			☐ DELETE	2,1 TITLE		1		Change	☐ Addition
NAME				2.2 NAMI	•	-			
STREET ADDRESS				2.3 STRE	ET ADORESS	;	•	•	ļ
CITY-ST-ZIP				2. 4 C/TY	-ST-ZIP	<u> · </u>			
TITLE	DELETE					[• • • • • • • • • • • • • • • • • • • •	Change	☐ Addition
NAME				3.2 NAM	•	1			
STREET ADDRESS				3 3 STRE	ET ADDRESS	\$			
CITY-ST-ZIP	<u> </u>			3.4, CITY	-ST-ZIP	↓			
TITLE			☐ DELETE	4.1 TITLE		İ	·	Change	☐ Addition
NAME				4. 2 NAM	E	1	·		ļ
STREET ADDRESS				4.3 STR	ET ADDRESS	3			1
CITY-ST-ZIP			- <u>-</u>	4,4 CITY	ST-ZIP	1			
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAMI		1			
STREET ADDRESS	3			4	ET ADDRESS	i]	•		
CITY-ST-ZIP				5.4 CITY		 		F7.01	Para Addres
TITLE			DELETE	6.1 TITLE			•	Change	Addition
NAME	{			6.2 NAM					1
STREET ADDRESS					ET ADDRESS	·	•		
CITY ST 7ID	1			6.4 CITY	ST-ZIP	1			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 99 Date

Daytime Phone #

R2F034 (11/98)