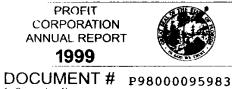
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS F' :D

99 OCT 28 PM 1: 36

								SECRETANT OF STA TALLAHASSEE, FLOT	VIL		
MARX	, INC.							TALLAHASSEE, FLOF	HDA -		
Principal Plac	ce of Business		M	ailing Address	···						
141	PATRICK	MILL CIRC	CLE	SAME							
PONT	E VEDRA	BEACH, FI	,					DO NOT WRIT	E IN THIS	SPACE	
		320	82					3. Date Incorporated or Qualifed	2 111 11110	0	
								11/13/98			
2. Principal F	Place of Busines	\$	2a	. Mailing Address	·		•	4. FEI Number		A	pplied For
21			26					59-3542443		N	ot Applicable
Suite, Apt	#, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
22 City & Sta	ite		7	City & State				6. Election Campaign Financing			May Be
23			28	-				Trust Fund Contribution			to Fees
Zıp		Country		Zip	Cour	itry		8. This corporation owes the curre	nt year inte	angible	
24	25		29		30			Personal Property Tax.		Yes	∑ No
	9. Name an	d Address of Currer	t Regis	stered Agent				10. Name and Address of New Re	egistered /	Agent	
TENO	RE M. M	ADCONT				81	Name				
	=	MILL CIRC	T.E		ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptate	ble)		
		BEACH, FL		2082	ŀ	83					
		•			}	84	City			85 Zip	Code
							<u> </u>		<u> </u>		
office or i	registered agent	, or both, in the State	of Floris	607.1508, Florida Statut da. Such change was a ', Section 607.0505, Flo	uthorized	by II	-named corpo he corporatio	oration submits this statement for the p m's board of directors. I hereby accept	the appoir	changing its ntment as re	s registered egistered
SIGNATURE	5	4.4.4	-4 4 444 -	V N	6.4.4.				FATE .		
	Signature, typed or p	rinted name of registered age				gent	signature required	when reinsteiling) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or p	OFFICERS AN			13.		signature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
12.	Signature, typed or p	OFFICERS AN	ID DIRE	CTORS	13.	Æ	signature required				
12 .	D/P/T/S LENORE	OFFICERS AN B M. MARCON	ID DIRE	DELETE	13. 1.1 T/T 1.2 NAJ	.E Æ	signatura raquirad				
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6.4 CITY-ST-ZP

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;

LENORE M. MARCONI, PRESIDENT

99(904) 241-2533