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**

DOCUMENT # P98000098745

1. Corporation Name

WILLIAM B. MARCUS INDUSTRIES, INC.

								<u> </u>	1111 00 111 11 7410	1 818 1 1811 1881.	
Principal Place of Business Mailing Address											
7233 PROMENADE DRIVE · APT A-601				7233 PROMENADE DRIVE							
BOCA RATON FL 33433				APT A-601 BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed				
		7	•					11/20/1998			
2. Principal P	Place of Busin	ness	2a.	Mailing Address				4. FEI Number		Ar	oplied For
21			26	26			13-27 0127		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22			27					5. Certificate of Status Desired		Fee Re	equired
City & State			ļ	City & State				6. Election Campaign Financing	П	\$5.00	May Be
23			28	Zip Country				Trust Fund Contribution			to Fees
Zip 		Country		Zip ·		intry		8. This corporation owes the cur	rent year Int		
24	0.11	25	29		30	_		Personal Property Tax.	D	∑ Yes	□No
	9. Name	and Address of Curr		tered Agent		81	Name	10. Name and Address of New I	registerea.	Agent	
MAR	CUS. WILL	JAM B	4.0 Kg/C	•		"	Name				
MARCUS, WILLIAM B 7233 PROMENADE DRIVE				g with The Control			Street Addr	Address (P.O. Box Number is Not Acceptable)			
	A-601					83				 	1 1 1 1 1 1 1 1 1 1 1
	A RATON	FL 33433							, 15, 151. , 15, 151.		32 33
		-				84	City		E I	85 Zip	Code
44 Durement	to the provis	ions of Sections 607.05	502 and 60	77 1508' Florida St	tatutes the a	hove	-named corn	oration submits this statement for the	DUITNOSO OF	changing its	registered
OHICO OF I	egisiereu ag	cist, or botti, in the otal	re or Lining	a. Such change w	as authorized	ı vy u	he corporation	on's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
agent i a	ım familiar w	ith, and accept the obliq	gations of,	Section 607.0505	, Florida Stat	utes.					}
											1
SIGNATURE	Clanatus amad	ni seleted posse of seciote and a	annt ned title if	I ann'll abla	NOTE: Design	A	alaustosa mandas		DATE		l
	Signature, typed	or printed name of registered a				Agent	signature required	d when reinstating)	DATE FICERS AN	D DIRECTO	DRS IN 12
12.		or printed name of registered at OFFICERS A			13.		signature required	d when reinstating) ADDITIONS/CHANGES TO OF			
12.	D	OFFICERS A		CTORS	13. 1.1 Π	TLE	signature required			D DIRECTO	DRS IN 12
12. TITLE NAME	D MARCUS	OFFICERS A	AND DIREC	CTORS	13. 1.1 TI 1.2 NA	TLE ME					
12. TITLE NAME STREET ADDRESS	D MARCUS 7233 PRO	OFFICERS A , WILLIAM B DMENADE DRIVE, AI	AND DIREC	CTORS	13. 1.1 TT 1.2 N/ 1.3 S1	TLE ME REET	ADDRESS				
12. TITLE NAME	D MARCUS 7233 PRO	OFFICERS A	AND DIREC	CTORS	13. 1.1 TT 12 NA 1.3 ST 1.4 CT	TLE ME REET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MARCUS 7233 PRO	OFFICERS A , WILLIAM B DMENADE DRIVE, AI	AND DIREC	CTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT	TLE ME REET A TY-ST- TLE	ADDRESS			Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MARCUS, 7233 PRO BOCA RA	OFFICERS A WILLIAM B DMENADE DRIVE, AI ATON FL 33433	PT A-601	CTORS DELETE DELETE	13. E 11 TT 12 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 3.4 CT 4.1 TT 4.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT	TLE ME REET / LE ME REET / TY-ST- LE ME REET / LE ME REET / REET	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition

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 of threstee 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90047 039 ***150.00