PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103656

1. Corporation Name

JOE MARLING ASSOCIATES, INC.

Principal		-sf	Duningga
Principal	Place	OI	DUSHIESS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90006 030 ***150.00



Principal Place of Business Mailing Address			f 1881/885 tin 1910) (Bill neite palit Billde tiett Anna trib eithe Bill eith					
,	IRISA DR., #1010	6592 VILLA SONRISA OR #	1010					
BOCA RATON FL 33433		BOCA RATON FL 33433			1	NOT MOTE IN THE	C CDACE	
					3. Date Incorporated	NOT WRITE IN THI	3 SPACE	
					12/14/1998			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	2222		Applied For
21 26		26			65-088		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, et		<u> </u>	etc.		5. Certifcate of Status	Desired	\$8.75 Additional Fee Required	
22		City & State	-			F:		
City & State		<u>├</u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country		8. This corporation ov			
		├ ─ ─ ,			Personal Property		Yes	□No
	9. Name and Address of Cu				10. Name and Addres	s of New Registered	d Agent	
			8	11 Name				
MCGONIGLE, JAMES T		[E	Street Address (P.O. Box Number is Not Acceptable)					
	BANYAN TERR.		L		,	,,		
PLAN	ITATION FL 33317		8	3				
			8	4 City			85 Zip	p Code
		.0502 and 607.1508, Florida Statute				FI	┖╴┤▁▁	
SIGNATURE	Signature, typed or printed name of registere	_ '		ent signature require		DATE DATE	NID DIDECT	FORE IN 12
12.	·	S AND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS A	Change	
TITLE	D Marling, Joe		1.1 TITLE 1.2 NAM				ondinge	
NAME STREET ADDRESS	ARRA LINE A GOLINIO A DO	¥1010		ET ADDRESS				
	BOCA RATON FL 33433	71010	1.4 CITY					
CITY-ST-ZIP TITLE	BOOK WATCH TE GOILG	☐ DELETE	2.1 TITL				Change	e 🔲 Additio
NAME			2.2 NAM	E I				
STREET ADDRESS			2.3 STR	ET ADDRESS				
CITY-ST-ZIP			2. 4 CIT	/-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL				Change	e
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY-ST-ZIP		F7	_	-ST-ZIP			Chann	e
TITLE		☐ DELETE	4.1 TTL				Change	= □ woodbo
NAME			4. 2 NAN	_				
STREET ADDRESS				ET ADDRESS				
CITY+ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL				Chang	e 🗀 Additio
TITLE NAME		C Descrip	5.1 YILL					
STREET ADDRESS			5.3 STRI	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DE LETE	6.1 TITL	<u> </u>			Change	e Additio
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP	J		6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUITOED MARLING