## 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 # P98000105181

1. Corporation Name

MAREDIAN MANAGEMENT NUMBER 2, INC.

Principal Flace of Business												
669	W.	IRLO	BRONSON	HIGHWAY								

Mailing Address

4669 W. IRLO BRONSON HIGHWAY

## Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90106 041 \*\*\*150.00



IISSIMMEE FL 34746		KISSIMMEE FL 34746			DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed			
							12/18/1998			
2 Principal Pl	lace of Business	2a. Mailing Add	Iress		**		4. FEI Number		Api	olied For
<del>-</del>	idde of Business	26					59-355980	6	No	Applicable
Suite Ant	# etc	Suite, Apt. #	ŧ. etc.						\$8.75 A	dditional
		27	Suite, Apr. #, etc.		5. Certifcate of Status Desired Fee Requi					
City & State City & State			<del></del>				6. Election Campaign Financing		\$5.00	May Re
						Trust Fund Contribution	]	Added to		
Zip	Country	Zip		Çoun	itrv		8. This corporation owes the current	vear Intano	ible	-
<b>–</b>	25	29	30	7	,		Personal Property Tax.			∐No
24	9. Name and Address of Current			<del>''</del>			10. Name and Address of New Regi	stered Age	ent	
	5. Name and Address of Current	Registered Agent		-1	81 N	ame				
HASANBHAI, SAMIR										
4669 W. IRLO BRONSON HIGHWAY					82 Street Address (P.O. Box Number is Not Acceptable)					
KISSIMMEE FL 34746			-	0.2						
Noon	INVINIEL FE 34740			- 1	83					
				ŀ	84 C	ity			85 Zip C	ode
								FL_	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes.	the ab	ove-na	med corpo	oration submits this statement for the pun n's board of directors. I hereby accept th	pose of cha e appointm	anging its ient as rec	registerea iistered
onice or n	registered agent, or both, in the State t im familiar with, and accept the obligati	ions of, Section 607	.0505, Florida	Statu	tes.	Corporatio	and goald of directors. Thereby decept as	о прроини		,
SIGNATURE	·									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re		gent sig	nature required	The state of the s	DATE		
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	Ш	DELETE	1.1 1111	ĻE			L	Change	☐ Addition
NAME	BAUM, JOHN V			1.2 NAME						
STREET ADDRESS 4669 W. IRLO BRONSON HIGHWAY			1,3 STREET ADDRESS						•	
CITY-ST-ZIP	KISSIMMEE FL 34746			1.4 CIT	Y-ST-ZI	,				
TITLE	P		DELETE	2.1 TITL	LE.				] Change	Addition
NAME	MARCHA RIACH			2.2 NA	ME					
IN SEC	) Maredia, Iliao m			2.2 100						
	MAREDIA, ILIAS H   4669 W. IRLO BRONSON HIGHV	VAY			REET AD	RESS		,		
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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 gn an attachment with an address, with all other like empowered.

SIGNATURE: