2000 UNIFORM BUSINESS REPORT (UBR) FILED					
DOCUMENT # \$99000030317  1. Entity Name			Jun 07, 2000 8:00 am Secretary of State		
Marcon, Inc.			<b>1</b>	0008 026 ***15	
Principal Place of Business 5001 S. University Dr. 5001 S. University Dr. #A					
Davie, FC 33328  2. Principal Place of Business  3. Mailing Address			1		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			4. FEI Number   Applied Fo		
Zip Country	Zip	Country	1	\$8.75 Add	
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent		
			(P.O. Box Number is Not Acceptable)	<u>.</u>	
Mark A Benstein 50015. University Dr	Oli Got Address	Sheet Address (1.0. Box Number is Not Acceptable)			
		City	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered.			ared agent or both in the State of Florida	FL Zip Cod	
The above named entity southlis this statement is	or the purpose of changing its	registered office of regist	ered agent, or bogs, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agen	and little if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	II FEE IS \$150,00 00 Fee will be \$550,00 e to Department of SI		- <del>-</del> +0.0	May Be to Fees
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICER	<del></del>	
NAME MARK Bernstein STREET ADDRESS 5001 S. University CITY-ST-ZIP DOWNE, FR 33	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	noisibbA noisibbA noisibbA noisibbA
TITLE NAME COnstatine KOKinahis STREET ADDRESS CITY-ST-ZIP Plantation, FC 33317		TITLE NAME STREET ADDRESS	\ \ \	☐ Change	Addition &
		CITY-ST-ZIP TITLE	1 1	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			<u> </u>
TITLE NAME STREET ADDRESS CITY-S1-2/P	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: MILE AND TYPED OR I	Mark Senster	R DIRECTOR	5-3-00 Date	954-252-9 Daysima Phone #	7955