


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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90039 046 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S24433</b>					
1. Corporation Name <b>MARC I VENDING, INC.</b>					
Principal Place of Business <b>5489 ASHLEY PARKWAY SARASOTA FL 34241 US</b>			Mailing Address <b>5489 ASHLEY PARKWAY SARASOTA FL 34241 US</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>01/11/1991</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0236068</b> Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PIERSON, CALVIN K. 5489 ASHLEY PARKWAY SARASOTA FL 34241</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PIERSON, CALVIN K.</b>	1.2 NAME			
STREET ADDRESS	<b>4509 SPRING FLOWER CT.</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/99**  
Date

**941-925-2674**  
Daytime Phone #

CR2E034 (11/98)