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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$77846

MARCUS ANIMATION GALLERY, INC.

(1)

FILED

Apr 21 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Addi	Mailing Address			s substant in indit ison the bill di	s substant til tannt findat entri dibih delt denst denst benke blikte bildir bildir delbet (inde			
415 PLAZA REAL		415 PLAZA R	415 PLAZA REAL							
BOCA RATON	FL 334 32	BOGA RATOR	1 FL 33432-3940							
						3. Date Incorporated or Qualified	3a. Date o	of Loot D	oped	
· · · · · · · · · · · · · · · · · · ·						09/03/1991	06/12/		ероп	
	lace of Business	2a. Mailing A	ddress			4. FEI Number		Ar	plied For	
21		26	· · · · · · · · · · · · · · · · · · ·			65-0289682		No	t Applicable	
Sulte, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired			Additional	
22 City & State		27							quired	
·	е	City & Ste	ate			6. Election Campaign Financing			May Be	
23 Zip	Country	28 Zip		Country		Trust Fund Contribution		Added		
24	25	<u>}</u>	30	Country	•	8. This corporation has liability for Florida Statutes	intangible tax ☐ Yes ☐ N		. 199.032,	
<u> </u>		29 29 Of Current Registered Age				10. Name and Address of New R		-		
MAC	RCUS, PAUL R		***	81	Name	(0.	giotorou Ago			
	0 S W 77TH AVE									
	THOUSE ONE			82	Street .	Address (P.O. Box Number is Not Accepta	ble)			
	MI FL 33156			83	 					
4741731	mi (C 00 100									
				84	City		FL ⁸	5 Zip (Code	
11. Pursuant i	to the provisions of Sections	607.0502 and 607.1508. F	lorida Statutes, th	ne abov	e-named	corporation submits this statement for the	nurnose of ch	anging it	s registered	
Office or ri	egistered agent, or both, in t m familiar with, and accept t	the State of Florida. Such c	hange was autho	rized by	y the corr	poration's board of directors. I hereby acce	pt the appoint	ment as	registered	
SIGNATURE	Signature, typed or printed name of re	oistored apent and title if applicable	(NOTE: Bool	staveri And	ent signature	required when reinstating)	DATE		······································	
12.		CERS AND DIRECTORS		13.	one digitation	ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12	
TITLE	D			1.1 TITLE				Change	Addition	
NAME	MARCUS, JEFF		1	1.2 NAME				-	_	
STREET ADDRESS	415 PLAZA REAL		1	1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY- S	ST - 71P					
TITLE	P	L	·	2.1 TITLE				Change	Addition	
NAME	MARCUS, ERIC		2	2.2 NAME						
STREET ADDRESS	415 PLAZA REAL		1	2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			2 4 CITY-:	ST - ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·			3 1 TITLE				Change	Addition	
NAME			3	3.2 NAME						
STREET ADDRESS			3	3.3 STREET	ADDRESS				į	
CITY-ST-ZIP			1 3	3.4. CITY - !	ST-ZIP					
TITUE				1.1 TITLE				Change	Addition	
NAME			4	1. 2 NAME						
STREET ADDRESS			4	1.3 STREET	ADDRESS					
CITY-ST-ZIP			4	1.4 CITY - S	IT-21P					
TITLE				5.1 TITLE				Change	☐ Addition	
NAME			. 5	5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP			5	5.4 CITY - S	iT - 21P					
TITLE				S.1 TITLE				Change	Addition	
NAME			6	S.2 NAME		l '				
STREET ADDRESS			6	3.3 STREET	ADDRESS					
CITY. ST. 7IP			1	A CITY. C	į					

I do 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 armual 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 yearns 10, of on an attachment with an address.