

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90027 027 ***150.00

DOCUMENT # V32005

1. Corporation Name
MARLENE D'ARCY, INC.

Principal Place of Business
5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33309

Mailing Address
5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1992

4. FEI Number

65-0328139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STOLAR, DAVID
1350 KANE CONCOURSE
BAY HARBOUR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME NICOLD, MATTHEW
STREET ADDRESS 1717 N. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33132 ☐ DELETE

TITLE P
NAME NICOLD, RICHARD
STREET ADDRESS 1717 N. BAYSHORE DR., #3532
CITY-ST-ZIP MIAMI FL 33132 ☐ DELETE

TITLE VP
NAME NICOLD, AMY
STREET ADDRESS 1717 N. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33132 ☐ DELETE

TITLE CS
NAME PERRETTY, JEANNE
STREET ADDRESS 4937 NW 47TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME MATTHEW NICOLLO
1.3 STREET ADDRESS 1901 NORTH ATLANTIC BLVD #16A
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Change ☐ Addition

2.1 TITLE Richard Nicolo (President)
2.2 NAME
2.3 STREET ADDRESS 1901 NORTH ATLANTIC BLVD #16A
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Change ☐ Addition

3.1 TITLE VP
3.2 NAME Amy Nicolo
3.3 STREET ADDRESS 1901 NORTH ATLANTIC BLVD #16A
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JAN 99

954.492.0043

Date

Daytime Phone #

CR2E034 (11/98)