

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000580 (0)**

1. Corporation Name
MARVEL III HOLDINGS INC.



Principal Place of Business: **SUITE 700-A 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309**
Mailing Address: **SUITE 700-A 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **02/07/1994**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **13-3751020**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature: typed or printed name of registered agent and the filer, with (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD PERELMAN, RONALD O <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, RONALD O	1.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	1.4 CITY - ST - ZIP	
TITLE	PCEO BEVINS, WILLIAM C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINS, WILLIAM C	2.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	2.4 CITY - ST - ZIP	
TITLE	VCD DRAPKIN, DONALD G <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPKIN, DONALD G	3.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	3.4 CITY - ST - ZIP	
TITLE	VCFO ENGELMAN, IRWIN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELMAN, IRWIN	4.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	4.4 CITY - ST - ZIP	
TITLE	VS GORDON, HOWARD F <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HOWARD F	5.2 NAME	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	5.4 CITY - ST - ZIP	
TITLE	VC WINOKER, LAURENCE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOKER, LAURENCE	6.2 NAME	
STREET ADDRESS	625 MADISON AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Laurence Winoker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (954) 772-4306
Date Date/Time Phone #

CR2E034 (12/95)