

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M79849 (9)

1. Corporation Name

MARPALM OF FLORIDA, INC.



Principal Place of Business

1755 N CONGRESS AVE
PO BOX 3869
BOYNTON BEACH 33426

Mailing Address

1755 N CONGRESS AVE
PO BOX 3869
BOYNTON BEACH 33426

3. Date Incorporated or Qualified

05/09/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0145707

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

2. Principal Place of Business

2a. Mailing Address

21 1100 Linton Blvd

26 P.O. Box 4727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-9

27

City & State

City & State

23 Delray Beach FL

28 Portsmouth NH

Zip

Country

Zip

Country

24 33444

25

29 03802

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRITCHFIELD, RICHARD H.
1745 N CONGRESS AVE
BOYNTON BEACH FL 33426

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 needed or printed name of registered agent and the date.

(Note: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WALSH, MARK
STREET ADDRESS 1755 N CONGRESS AVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE V ☐ DELETE
NAME WALSH, MICHAEL
STREET ADDRESS 1755 N CONGRESS AVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE S ☐ DELETE
NAME CRITCHFIELD, RICHARD H.
STREET ADDRESS 1745 N CONGRESS AVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Walsh, Mark
1.3 STREET ADDRESS 1100 Linton Blvd Ste C-9
1.4 CITY-ST-ZIP Delray Beach FL 33444

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Walsh, Michael
2.3 STREET ADDRESS 1100 Linton Blvd Ste C-9
2.4 CITY-ST-ZIP Delray Beach FL 33444

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Critchfield, Richard
3.3 STREET ADDRESS 1100 Linton Blvd Ste C-4
3.4 CITY-ST-ZIP Delray Beach FL 33444

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WALSH

4/29/96

407 279 9900

CR2E034 (12/95)