

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 # **P93000068520 (4)**

1. Corporation Name
MAR-GAR INC.



Principal Place of Business
**111 12TH ST
BELLEAIR BEACH FL 34634
US**

Mailing Address
**111 12TH ST
BELLEAIR BEACH FL 34634
US**

3. Date Incorporated or Qualified **09/27/1993** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 TAM LEE APTS	26 6440 - 62ND AVE. N.,	59-3215602	Not Applicable
Suite, Apt. #, etc 22 105	Suite, Apt. #, etc. 27 105	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State PINELLAS PARK FLORIDA	City & State PINELLAS PARK FL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 FLORIDA	28 FLORIDA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24 34665	Country 25 USA		
	Zip 29 34665		
	Country 30 U.S.A.		

9. Name and Address of Current Registered Agent

**STOUT, G R
111 12TH STR
BELLEAIR BCH FL 34634**

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 **G.R. STOUT** *G.R. Stout* **March 6/96**
Signature, typed or printed name of registered agent and title as applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, GARTH R	1.2 NAME	STOUT G. R.
STREET ADDRESS	111 12TH ST	1.3 STREET ADDRESS	111 - 12TH ST.
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	1.4 CITY-ST-ZIP	BELLEAIR BEACH, FL, 34634
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	YOUNG - M. J.
STREET ADDRESS		2.3 STREET ADDRESS	111 - 12TH ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BELLEAIR BEACH, FL, 34634
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	

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: *G.R. Stout* **March 5/96** **547 2122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CRE034 (12/95)