

FILED

Aug 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
1998



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

DOCUMENT # **P94000053888 (1)**
Corporation Name
MARMALADE, INC.

Principal Place of Business: **10424 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071**
Mailing Address: **10424 W. ATLANTIC BLVD. CORAL SPRINGS FL 33161**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0505688
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PAK, DENICE L
6911 N W 41ST STREET
MIAMI FL 33166

81 Name JULIA HAUGHN
82 Street Address (P.O. Box Number is Not Acceptable) 2033 W. MENAB Rd. Suite J
83
84 City Pompano Beach
85 Zip Code FL 33025

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 the corporation and accept the obligations of a registered agent under section 607.0505, Florida Statutes.

SIGNATURE: *Julia A. Haughn* (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. TITLE		1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	
6. ADDRESS		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. TITLE		2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	
10. ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. TITLE		3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	
14. ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. TITLE		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	
18. ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	
22. ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. TITLE		6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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.

Julia A. Haughn **4-26-98** **954-340-1401**
Daytime Phone #

CR21034 (5/98)