

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 # **P94000067424 (9)**

1. Corporation Name
MARDER & ASSOCIATES INC.



Principal Place of Business:
**2100 NW 33RD TERRACE
COCONUT CREEK FL 33066**

Mailing Address:
**2100 NW 33RD TERRACE
COCONUT CREEK FL 33066**

2. Principal Place of Business
21 **784 ST. ALBANS DR.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **784 ST. ALBANS DR.**
Suite, Apt. #, etc.

23 **BOCA RATON, FL**
City & State

27 **BOCA RATON, FL**
City & State

24 **33486** 25 **USA**
Zip Country

29 **33486** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

3. Date Incorporated or Qualified **09/12/1994** 3a. Date of Last Report **03/27/1995**

4. FFL Number **65-0525583** 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

10. Name and Address of New Registered Agent

81 Name **DAVID S. MARDER**
82 Street Address (P.O. Box Number is Not Acceptable) **784 ST. ALBANS DR.**
83
84 City **BOCA RATON** FL 85 Zip Code **33486**

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 *David S. Marder*

3/29/96

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MARDER, DAVID	
STREET ADDRESS	2100 NW 33RD TERRACE	
CITY, ST, ZIP	COCONUT CREEK FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MARDER, SHERRY	
STREET ADDRESS	2100 NW 33RD TERRACE	
CITY, ST, ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARDER, DAVID	
13 STREET ADDRESS	784 ST. ALBANS DR.	
14 CITY, ST, ZIP	BOCA RATON, FL 33486	
21 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARDER, SHERRY	
23 STREET ADDRESS	784 ST. ALBANS DR.	
24 CITY, ST, ZIP	BOCA RATON, FL 33486	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 separate sheet with an address.

SIGNATURE: *David S. Marder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (407) 347-8920

CR2E034 (12/95)