

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067424 (9)
 1. Corporation Name
MARDER & ASSOCIATES INC.



Principal Place of Business 784 ST ALBANS DR BOCA RATON FL 33486 US	Mailing Address 784 ST ALBANS DR BOCA RATON FL 33486 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1994	4. FEI Number 65-0525583	Applied For <input type="checkbox"/> Not Applicable
21 11041 BLUE CORAL DR. Suite, Apt. #, etc.	26 11041 BLUE CORAL DR. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. 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
22 City & State 23 BOCA RATON FL Zip Country	27 City & State 28 BOCA RATON FL Zip Country	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
MARDER, DAVID S.
784 ST ALBANS DR
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name
DAVID S. MARDER
 82 Street Address (P.O. Box Number is Not Acceptable)
11041 BLUE CORAL DR.
 83
 84 City
BOCA RATON FL 85 Zip Code
33498

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVT	NAME MARDER, DAVID	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 784 ST ALBANS DR	CITY-ST-ZIP BOCA RATON FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP 11041 BLUE CORAL DR. BOCA RATON FL 33498
TITLE DPS	NAME MARDER, SHERRY	2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 784 ST ALBANS DR	CITY-ST-ZIP BOCA RATON FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP 11041 BLUE CORAL DR BOCA RATON FL 33498
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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.

CR2E034 (10/97)