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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89068

(2)

R. MARSHALL JONES, INC.

Principal Place of Business
12986 LAROCHELLE CIRCLE

Mailing Address

12986 LAROCHELLE CIRCLE PALM BEACH GARDENS FL 33410-1405

FILED Apr 14 1997 8:00am Secretary of State



								 Date Incorporate 03/06/1984 	d or Qualified		late of L 1/26/19		port
2. Principal Place of Business				2a. Mailing Address				4. FEI Number				App	olied For
21]				26				59-2564991					Applicable
Suite Apt # etc.				Suite, Apt. #, etc.				5 Cortificate of Sta	tue Destrett'-				ddiffonat
City & State				City & State									
City & State								6: Election Compaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 Zip		Country	28	Zip	7 6	puntry		- Truet Fund Contr					
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:4]		d Address of Curre		ered Agent	130	Ţ		10. Name and Adde					
JON	IES, R. MARS					81	Name						
	86 LA ROCHE					82	Carrat Addr						
		RDENS FL 33410)			182	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
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						84	City			FI	85	Zip C	ode
11. Pursuant t	to the provisions	s of Sections 607.05	02 and 60	7.1508, Florida Sta	tutes, the	above	named corp	poration submits this sta	tement for the	purpose	of chang	ing its	registered
office or re	egistered agent m famili æ with	, or both, in the Stati and accept the oblid	e of Florid nations of	la Such change wa Section 607.0505	is authoriz Florida St	ed by	the corporat	tion's board of directors	. I hereby acc	ept the ap	pointme	nt as r	egistered
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SIGNATURE	Signature, typed exp	vinted name of registered as	gent and life					red when reinstating)					
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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

4/4/97 561

561/791-8888

me Phone II 0304816