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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **316105** (6)

1. Corporation Name
MARIANNE CLEARWATER CORPORATION

Principal Place of Business

**70 ENTERPRISE AVE
SECAUCUS NJ 07094
US**

Mailing Address

**70 ENTERPRISE AVE
SECAUCUS NJ 07094
US**



3. Date Incorporated or Qualified 04/21/1967	3a. Date of Last Report 05/01/1996
4. FEI Number 36-2612751	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 150 Meadowland Parkway Suite, Apt. #, etc.	2a. Mailing Address 26 150 Meadowland Parkway Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**BERSIA, MARIE-FRANCIS
% STUARTS/STUARTS PLUS #3201
4250 ALAFAYA TRIAL, #164
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEFT, PETER A.		1.2 NAME Edwin J. Holman	
STREET ADDRESS 70 ENTERPRISE AVE.		1.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP SECAUCUS NJ		1.4 CITY-ST-ZIP SECAUCUS NJ 07094	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, MICHAEL J.		2.2 NAME	
STREET ADDRESS 70 ENTERPRISE AVE		2.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP SECAUCUS NJ		2.4 CITY-ST-ZIP	
TITLE VAS	<input type="checkbox"/> DELETE	3.1 TITLE Vice President-Tax	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABATE, MICHAEL A.		3.2 NAME	
STREET ADDRESS 70 ENTERPRISE AVENUE		3.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP SECAUCUS NJ		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEMINOVER, BARTON		4.2 NAME Daniel L Anderton	
STREET ADDRESS 70 ENTERPRISE AVE		4.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP SECAUCUS NJ		4.4 CITY-ST-ZIP SECAUCUS NJ 07094	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S/Dirctor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VERNA, GIBSON		5.2 NAME Michael B. McKeen	
STREET ADDRESS 70 ENTERPRISE AVE.		5.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP SECAUCUS NJ		5.4 CITY-ST-ZIP SECAUCUS, NJ 07094	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE CFD/Dirctor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Gerald M. Chaney	
STREET ADDRESS		6.3 STREET ADDRESS 150 Meadowland Parkway	
CITY-ST-ZIP		6.4 CITY-ST-ZIP SECAUCUS, NJ 07094	

14. I do 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.

SIGNATURE: Michael A. Abate **REQUIRED** Vice President/Tax

201 583-3299

CR2E034 (9/96)