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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 371143 (9)

1. Corporation Name
MARSHALL GRANT ORCHESTRAS, INC.

Principal Place of Business Mailing Address
1750 NORTH FLORIDA MANGO ROAD, SUITE 400 408C/O ROBERT S. LEVY
WEST PALM BEACH FL 33409-5214 1655 PALM BEACH LAKES BLVD. SUITE 502
WEST PALM BEACH FL 33401-2288
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1750 No. Florida Mango	26	10/13/1970	05/01/1996
22 Suite, Apt. #, etc. 408	27 Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
23 City & State West Palm Beach, FL	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip 33409-	25 Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBERT S. LEVY
SUITE 502, THE FORUM
1655 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD GRANT, DOLORES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD GRANT, Cameron W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	135 GREGORY PL	1.2 NAME	2234 Star Trail
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	Clermont, FL 34711
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARLENE	2.2 NAME	
STREET ADDRESS	1655 PALM BEACH LAKES BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE:

Cameron W. Grant, President

4/23/97 561/ 686-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0205625

CR2E034 (9/96)