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Mar 07 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 # 517169 (9)
 1. Corporation Name:
MARCOUX REALTY, INC.



Principal Place of Business: **1135 PASADENA AVENUE SUITE 240 ST PETERSBURG FL 33707**
 Mailing Address: **1135 PASADENA AVENUE SUITE 240 ST PETERSBURG FL 33707-2855**

3. Date Incorporated or Qualified: **10/25/1976**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-1706283**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCOUX, CLARA L.
1135 PASADENA AVE.
SUITE 240
ST PETERSBURG FL 33707

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

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: DELETE
 NAME: **PDS MARCOUX, CLARA L.**
 STREET ADDRESS: **4950 GULF BLVD.**
 CITY - ST - ZIP: **ST. PETERSBURG BEACH**

TITLE: DELETE
 NAME: **T MARCOUX, CLARA L.**
 STREET ADDRESS: **4950 GULF BLVD.**
 CITY - ST - ZIP: **ST. PETERSBURG BEACH,**

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

2.1 TITLE: Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

3.1 TITLE: Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE: Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE: Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE: Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 if changed, or on an attachment with an address.

SIGNATURE: *Clara L. Marcoux*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-4-97** Daytime Phone #: **813.347-1535**

CR2E034 (9/96)