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Feb 24 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 # 518549 (1)

1. Corporation Name
M.D.M. MARBLE CO., INC.



Principal Place of Business
3040 INDUSTRIAL 33RD ST
FT. PIERCE FL 34946

Mailing Address
3040 INDUSTRIAL 33RD ST
FT. PIERCE FL 34946-8650

3. Date Incorporated or Qualified 11/16/1976
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1701416	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip		
24 Country	29 Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	30	Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

GORMAN, ROBERT J. ESQ.
519 SOUTH INDIAN RIVER DR.
P.O. BOX 3779
FORT PIERCE FL 33450

10. Name and Address of New Registered Agent

81 Name John T. Brennan
82 Street Address (P.O. Box Number is Not Acceptable)
519 S. Indian River Drive
83
84 City Fort Pierce FL 85 Zip Code 34950

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 John T. Brennan Registered Agent February 12, 1997
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	PRESIDENT
NAME	MITCHELL, OLAF D	1.2 NAME	FLOSSIE H. MITCHELL
STREET ADDRESS	3204 LIVE OAK LANE	1.3 STREET ADDRESS	3204 LIVE OAK LANE
CITY - ST - ZIP	FT PIERCE, FL 00000	1.4 CITY - ST - ZIP	FORT PIERCE, FL. 34981
TITLE	ST	2.1 TITLE	
NAME	POWERS, MARY	2.2 NAME	
STREET ADDRESS	3040 INDUSTRIAL 33RD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	WILLIAMS, CHARLES	3.2 NAME	
STREET ADDRESS	441 SE ASBURY LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT ST LUCIE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 included 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.

MARY W. POWERS, SEC/TREAS.

SIGNATURE: Mary W. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 18, 1997 (561)465-6700

Expiry Daytime Phone #

CR2E034 (9/96)