## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

598885

(2)

**DOCUMENT #** 1. Corporation Name

MARVE	RO ASSOCIATES, INC.					
Principal Place	of Business	Mailing Address				JI BAH BIBN BIBN BIBN BIBN BIBN BIBN HERI
2821 NE 40TH ST 2821 NE 40TH ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 3		13308				
					3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 02/03/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26				59-1946842	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
		City P State	City & State			Fee Required
23 28 28		<del></del> 1			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p	Country	Zip	Country		This corporation has liability for	
24]	25	29	30		1	s □No
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New F	Registered Agent
			81	Name		
SCHULMAN, MARVIN				Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
2821 NE						
FT LAU	DERDALE, FL JLFL 33308		83			
			84	City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statute	es, the above-na	anied corpora	ation submits this statement for the pu	rpose of changing its registered office
familiar wit	th, and accept the obligations of, Section	on 607.0505, Florida Statutes	i.	ALION O DOOR	or directors. Thereby accept the app	Omment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and the depolerable AIC	OTL: Registered Agent			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	signatore required		TICERS AND DIRECTORS IN 12
TITLE	STD	☐ DELETE	1. 1 TiTLE		7.25116116.61111162616611	Change Addition
NAME.	SCHULMAN, RHONA		1.2 NAME			
STREET ADDRESS	2821 N E 40 STREET		1.3 STREET A	address		
City St. ZiP	FT LAUDERDALE, FL 00000	LAUDERDALE, FL 00000		-ZIP		
TITLE	PD	DELETE	2 1 TITLE			☐ Change ☐ Addition
NAMÉ	SCHULMAN, MARVIN		2.2 NAME			
STREET ADDRESS	2821 N E 40 STREET		2.3 STREET A	address		
C TY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY - ST	-ZIP		
TITLE	VD	☐ DELETE	3, 1 TITLE			Change Addition
NAME	SCHULMAN, HOWARD		3 2 NAME			
STREET ADDRESS	2821 N E 40 STREET FT LAUDERDALE, FL 00000		3.3 STREET	1		
CHY-SI-ZIP TITLE	FI LAUDENDALE, FL 00000	DELETE	3.4 CITY - ST 4. 1 TITLE	- ZIP		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	unnpecc		
CrTY - S1 - ZrP			4.4 CITY-ST			
Title		☐ DELETE	5 1 TITLE			Change Addition
N-AME			5.2 NAME			
STREET ADDRESS			5 3 STREET A	ADDRESS		
CITY-ST-ZIP			54 CITY-ST			
TITLE		☐ DELETE	6 1 TITLE		·····	Crange Addition
NAME			62 NAME			
S!REE1 ADDRESS			63 STREET A	ADDRESS		
	1		-	1		ı

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if chapters, or on an attachment with an address.

- MARVIN Schul MAN 4/29/96 954-565-7689