

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 616985 (8)

1. Corporation Name

THE MARKET PLACE, INC.

Principal Place of Business

Mailing Address

7059 RAMONA BLVD.
JACKSONVILLE FL 32205
US

2337 JONES RD
JACKSONVILLE FL 32220
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALLER, RALPH M
7059 RAMONA BLVD.
JACKSONVILLE FL 32205

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WALLER, RALPH M	6839 RAMONA BLVD	JACKSONVILLE FL	<input type="checkbox"/>
VTD	WALLER, SYLVIA H	6839 RAMONA BLVD	JACKSONVILLE FL	<input type="checkbox"/>
SD	WALLER, RICHARD A	6839 RAMONA BLVD	JACKSONVILLE FL	<input type="checkbox"/>
VD	WALLER, KEITH M	6839 RAMONA BLVD	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1	1	1	1	<input type="checkbox"/>
2	2	2	2	<input type="checkbox"/>
3	3	3	3	<input type="checkbox"/>
4	4	4	4	<input type="checkbox"/>
5	5	5	5	<input type="checkbox"/>
6	6	6	6	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (904) 781-7578

CR2E034 (12/95)