


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724054 (2)
1. Corporation Name
MARIETTA MANAGEMENT CO., INC.



Principal Place of Business 3421 S PENNSULA DR DAYTONA BEACH SHORES FL 32118-6345 US	Mailing Address 3421 S PENNSULA DR DAYTONA BEACH SHORES FL 32118-6345 US
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3. Date Incorporated or Qualified 08/08/1972
4. FEI Number 59-1631550
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**BROOKHART, BARBARA
3421 S PENNSULA DRIVE
DAYTONA BEACH FL 32018**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA ORZEL	1.2 NAME	Robert Fullerton
STREET ADDRESS	3427 S PENNSULA DR	1.3 STREET ADDRESS	100 Seaway Ave.
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKHART, BARBARA	2.2 NAME	
STREET ADDRESS	3421 S PENNSULA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUCKS, JOAN	3.2 NAME	
STREET ADDRESS	102 SEAWAY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCA, MARGE	4.2 NAME	Jacki Leonard
STREET ADDRESS	100 SEAWAY	4.3 STREET ADDRESS	3429 S. Peninsula Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Daytona Bch, FL 32118
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Brookhart* **2/16/98** **904-767-8840**

CR2E037 (10/97)