

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751905 (1)
1. Corporation Name
SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.



Principal Place of Business Mailing Address
355 GUS HIPP BLVD 355 GUS HIPP BLVD
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 202 S.W. OAKRIDGE DR.		26 202 S.W. OAKRIDGE DR.		04/07/1980		01/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 PORT ST. LUCIE, FL		28 PORT ST. LUCIE, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34984		25 ST. LUCIE		29 34984		30 ST. LUCIE	

9. Name and Address of Current Registered Agent

HUYSMAN, MICHEL, ESQ.
2000 S. DIXIE HIGHWAY
SUITE 101
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	11 TITLE	
NAME	DESTEFANO, IRENE J	12 NAME	
STREET ADDRESS	355 GUS HIPP BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	CHAVIS, FRED	22 NAME	
STREET ADDRESS	780 8TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	
NAME	HARTMAN, JERRY	32 NAME	
STREET ADDRESS	1733 BUNCHE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	
NAME	HIGGINS, THOMAS	42 NAME	
STREET ADDRESS	4491 SE CHERI COURT	43 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene J. Destefano IRENE J. DESTEFANO 4/19/96 407 286-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)