FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # Marllo Inc. Mailing Address Principal Place of Business c/o William J. Davis c/o Widliam J Davis 1208 Parklane Twr 1208 Parklane Towers W. 3. Date Incorporated or Qualified | 3a. Date of Last Report Dearborn 48126 Dearborn, MI 01/28/1994 04/19/1957 48126 Michigan Applied For EEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 38-1462399 26 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country ZID Zın Yes X No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Streel Address (P.O. Box Number is Not Acceptable) CT Corporation System 82 1200 S. Pine Island Road R3 Plantation, FL 33324 85 Zip Code 84 City 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 (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1 1 1/TLE TITLE 1.2 NAME Smith, Lloyd E. NAME 1 3 STREET ADDRESS 2000 S Ocean Blvd #7F STREET ADDRESS Boca Raton, FL 14 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 2 1 TITLE TITLE 2.2 NAME NAM: 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY S1-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST- ZIP CHTY+S1-7IP Addition ___ Change DELETE 4 1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 400001805914 4.4 CITY - ST - ZIP -05/03/96--01010 --013 Change CITY-ST-ZIP Addition DELETE 5 1 TITLE TUTLE ***200.00 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE TITLE

6.1 CITY-S1-ZIP

14. If 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). Eurida 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 of director of the exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 124 Block 134 Chapter 6, or on an attachment with an address. that my name appears in Block

6.2 NAME

63 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

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