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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 811843

FILED Jan 16 1997 8:00am Secretary of State



. Corporation	T AGO TO
MARLLO,	INC.

Principal Place of Business Mailing Address C/O WILLIAM J. DAVIS C/O WILLIAM J. DAVIS 1208 PARKLANE TOWERS WEST 1208 PARKLANE TOWERS WEST **DEARBORN MI 48126 DEARBORN MI 48126** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1957 05/02/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 38-1462399 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 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 tille if applicable (NCTF: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ___ Addition SMITH, LLOYD E NAME 1.2 NAME 2000 S OCEAN BLVD #7F STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZiP 1.4 CITY-ST-ZIP

(96/6) DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3.4. CITY - ST- ZIP DELETE Change THILE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZP 5.4 City - ST - ZIP THE DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 City - St - ZiP

14. I do 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 arinual 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 processor in the corporation of the corporation of processor in the corporation of the corporation

LAYDE SHITH

SIGNATURE:

Ma 8/9-561-3387867