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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1

DOCUMENT # F39765

(5)

MARIE POWELL & ASSOCIATES, INC.

ce of Business	Mailing Address

## **FILED** Apr 17 1997 8:00am Secretary of State

				,	
325 66TH ST ST PETERSBL	T. NORTH URG FL 33710	3325 66TH 6T. NORTH ST PETERSBURG FL 3371	0-1538		
				3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last Report 02/15/1996
Procinal	Place of Business	2a. Mailing Address			Applied For
	That of Orthonos	26		59-2100989	Not Applica
Suite, Ap	of #, etc.	Suite, Apt #, etc.	V .		CO 75
· ·		27		5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zipi	Couritry	Ζφ	Country	8. This corporation has liability for	intangible tax under s. 199.032
	25	29	30 .		Yes No
	9. Name and Address of Cui	rent Registered Agent	CST No.	10. Name and Address of New Re	gistered Agent
	WELL, JOHN G		81 Name	Michael D. Allweis	35
	25-66TH STREET NO		82 Street A	ddress (P.O. Box Number is Not Acceptab	(elc
ST.	PETERSBURG FL 33710			20 NUE NE STE	620
		$\nearrow$	83		
	11/		84 City	st Oaka	FL 85 Zip Code 3370/
	-1 $M/V$			St. Pete	
i. Pursuar office o	nt to the provisions of Sections 607.  r register of agen to John in the Si	0502 and 607.1508, Florida Statu rate of Florida, Such change was	tes, the above-named c	orporation submits this statement for the paration's board of directors. I hereby acceptant	ourpose of changing its register of the appointment as registere
agent I	am fairffic will My effect the of	oligations of, Section 607.0505, Fr	orida Statutes.	nation of board of one of the first of the control	of the appointment as registers
GNATURE	Matta	<del></del>			
	Should be transfer or product come of populations				
				equired when reinstating)	DATE
	OFFICERS	AND DIRECTORS	13.	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
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enormanon modelleo on mis ammai report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under of lam 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 Brock 12 or Block 12 or Block 12 or on an attachment with an address.

SIGNATURE:

0377155