FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT



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DOCU	MENT	#

F47322

(5)

MARNIK, INC.



Principal Place	OL DRIVINGS2	Mailing Address					
4 SEA CHASE TERRACE ORMOND BEACH FL 32176-2123		4 SEA CHASE TERRACE ORMOND BEACH FL 32176-2123					
					3. Date incorporated or Qualified 10/05/1981		Last Report /18/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
17/5 S	Nova Rd	26 715 S. N	DUCK P	. 8	59-2135715		Not Applica
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	P	\$8.75 Additiona Fee Required
	d Beach, FL	Orty & State	are VI		6. Election Campaign Financing		\$5.00 May Be
City & State		28 Florida			Trust Fund Contribution		Added to Fees
Zip	Country	Zp 32174	Countr 30	y USA	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax u	under s 199.032,
1 321	9. Name and Address of Currer		[30]	ush_	10. Name and Address of New R		ent
			8	Name			
BISSE	LL, NICHOLAS L.		8:	Street Add	ress (P.O. Box Number is Not Acceptab	le)	···
	CHASE TERRACE		_				
ORMO	ND BEACH FL 32074		8:	7			
•			8	4 City		FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above	named corpo	ration submits this statement for the pur	mose of chanc	ging its registered o
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such change was authorizi	ed by the cor	poration's boa	and of directors. Thereby accept the app	ointment as re	gistered agent. I ar
•				. a.	5 0	2-5-	910
SIGNATURE	Signature, typed to printed name of registered agric			ent signature require	erf when reinstating)		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		Change Additi
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IAME	BISSELL, NICHOLAS		¹ 2 NAMI	1			
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VAME	BISSELL, MARY C		2.2 NAM				
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NAME			5.2 NAM	f			
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NAME			6.2 NAM	le]			
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CITY-ST-ZIP			6.4 CITY	\$1-7IP		0010101	
		A control of the first of the second of the	aighted and d	age not qualfo	for the exemption stated in Section 110	LOZ/3Vk) Flori	da Statutes I furthe

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 904-441-6283