

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F76754** (3)

1. Corporation Name

JACK L. MARCUS ASSOCIATES, INC.



Principal Place of Business

**101 BRINY AVE #503
POMPANO BCH. FL 33062**

Mailing Address

**101 BRINY AVE #503
POMPANO BCH. FL 33062**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STEGE, WILLIAM L., ESQ.
3350 E. ATLANTIC BLVD.
POMPANO BCH. FL 33062**

3. Date Incorporated or Qualified

04/19/1982

3a. Date of Last Report

04/27/1995

4. FET Number

59-2190722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,

Florida Statutes

☐ Yes

☐ No

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 607.0532 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from within, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature to be filed with this report must be in ink.

Print Name, Title, Address, and Telephone Number of Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

MARCUS, JACK L

STREET ADDRESS

101 BRINY AVE #503

CITY-STATE-ZIP

POMPANO BCH. FL

TITLE

VSD

☐ DELETE

NAME

MARCUS, BELLE

STREET ADDRESS

101 BRINY AVE #503

CITY-STATE-ZIP

POMPANO BCH. FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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(2)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack L. Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 *954-782-2411*
Date & Phone

CR2E034 (12/95)