

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F90571 (3)

1. Corporation Name

MARBI, INC.



Principal Place of Business

2760 WHITE WING LANE
WEST PALM BEACH FL 33409

Mailing Address

2760 WHITE WING LANE
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified
07/14/1982

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2211152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSILLO, ROBERT
21416 TUDOR DR
BOCA RATON FL 33486

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 607.0502 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 or new registered agent

(NOTE: Registered Agent Signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

☒ DELETE

NAME

KOCH, MARK W.

STREET ADDRESS

2830 WILDERNESS ROAD

CITY-STATE-ZIP

W.PALM BCH. FL

TITLE

VTD

☐ DELETE

NAME

KOCH, MARILYN

STREET ADDRESS

2760 WHITE WING LANE

CITY-STATE-ZIP

W.PALM BCH. FL

TITLE

D

☐ DELETE

NAME

LEYENDECKE, DENISE

STREET ADDRESS

4581 CHALLENGERWAY

CITY-STATE-ZIP

W.PALM BCH. FL

TITLE

D

☐ DELETE

NAME

TOMEU, KERI

STREET ADDRESS

164 WORTH CT. S.

CITY-STATE-ZIP

W.PALM BCH. FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

PSD

☐ Change

☒ Addition

2. NAME

MARILYN KOCH

3. STREET ADDRESS

2760 WHITE WING LN.

4. CITY-STATE-ZIP

W. Palm Bch. FL 33409

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(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 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: Marilyn Koch - MARILYN KOCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 407-686-2283

Date

Daytime Phone #

CR2E034 (12/95)