

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G21909** (8)
1. Corporation Name
MARY ROB, INC.



Principal Place of Business 1067 SANDCASTLE ROAD SANIBEL FL 33957	Mailing Address 1067 SANDCASTLE ROAD SANIBEL FL 33957-3614
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2. Principal Place of Business 21 15095 Stella Del Mar Ln. Suite, Apt. #, etc.		2a. Mailing Address 26 15095 Stella Del Mar Ln. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/07/1983	3a. Date of Last Report 01/25/1996
22 City & State 23 Ft. Myers, Fl.		27 City & State 28 Ft. Myers, Fl.		4. FEI Number 59-2260332	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33908		25 Country Lee		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33908		27 Country Lee		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33908		29 Country Lee		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BECHHOLD, ROBERT ALAN 1067 SANDCASTLE ROAD SANIBEL FL 33957		10. Name and Address of New Registered Agent 81 Name Bechhold, Robert Alan 82 Street Address (P.O. Box Number is Not Acceptable) 15095 Stella Del Mar Ln. 83 84 City Ft. Myers FL 85 Zip Code 33908	
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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]* (address change only) 1/29/97
Signature, typed or printed name of agent, if changed and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHHOLD, ROBERT ALAN	1.2 NAME	
STREET ADDRESS	1067 SANDCASTLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 recorder or recorder 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 addition with an address.

SIGNATURE: *[Signature]* 1/29/97

CR2E034 (9/96)