

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

FILED

Feb 12 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 # **G57074** (8)
1. Corporation Name
KORMAR, INC.

Principal Place of Business 350 BOWLINE BEND P.O. BOX 8472 NAPLES FL 33941	Mailing Address 350 BOWLINE BEND P.O. BOX 8472 NAPLES FL 34101-8472
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2. Principal Place of Business 21 3377 Gulf shore Blvd North Suite, Apt #, etc. 1C		2a. Mailing Address 26 P.O. Box 8472 Suite, Apt #, etc.		3. Date Incorporated or Qualified 08/29/1983	3a. Date of Last Report 06/12/1996
22 City & State 23 Naples, FL		27 City & State 28 Naples, FL		4. FEI Number 31-1080975	Applied For: <input type="checkbox"/> Not Applicable
24 Zip 34103 Country Collier		29 Zip 34101 Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent KOREST, ALAN R. 350 BOWLINE BEND NAPLES FL 33940		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name Korest, Alan R.	
82 Street Address (P.O. Box Number is Not Acceptable) 3377 Gulf Shore Blvd. N 1C	
83 Naples, FL	
84 City FL	85 Zip Code 34103

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOREST, ALAN R.		1.2 NAME Korest, Alan R.	
STREET ADDRESS 350 BOW LINE BEND		1.3 STREET ADDRESS 3377 Gulf shore Blvd. N 1C	
CITY - ST - ZIP NAPLES, FL 00000		1.4 CITY - ST - ZIP Naples, FL 34103	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOREST, MARILYN B.		2.2 NAME Korest, Marilyn B.	
STREET ADDRESS 350 BOW LINE BEND		2.3 STREET ADDRESS 3377 Gulf shore Blvd N 1C	
CITY - ST - ZIP NAPLES, FL 00000		2.4 CITY - ST - ZIP Naples, FL 34103	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Alan R. Korest* 2-5-97 944-262-3725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)