

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H21940 (2)
1. Corporation Name
MARAL DESIGNS, INC.

Principal Place of Business
6282 4TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address
6282 4TH AVENUE NORTH
ST. PETERSBURG FL 33710



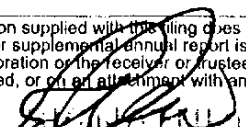
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1984	
21		26		4. FEI Number 59-2494313	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEW, ROSS M. 6282 4TH AVE. N. ST. PETERSBURG FL 33710				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		(NOTE: Registered Agent signature required when reinstalling)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LEW, ROSS				
STREET ADDRESS	6282 4TH AVE. N.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEW, YVETTE				
STREET ADDRESS	6282 4TH AVE. N.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEW, JEFFREY				
STREET ADDRESS	6282 4TH AVE. N.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEW, ALAN				
STREET ADDRESS	6282 4TH AVE N				
CITY-ST-ZIP	ST PETE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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:  ROSS LEW 9/21/98 727.347

CR2E034 (5/98)

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September 29, 1998

Mr. David Mann
Director of Corporations
State of Florida
Division of Corporations

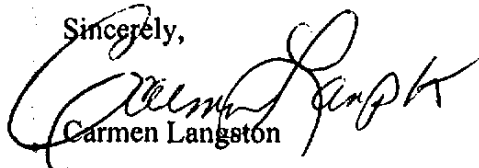
Dear Mr. Mann,

Per our telephone conversation yesterday, I am hand delivering the Corporate Annual Report on behalf of my father, Ross Lew of Maral Designs, Inc. As we discussed in our telephone conversation of 9/28, my father did not receive a timely first notice in January 1998 which has resulted in a late filing.

Enclosed are Maral Designs, Inc., 1998 Profit Corporation Annual Report and the filing fee of \$150.00 per your direction.

Thank you so much for your assistance in this matter.

Sincerely,


Carmen Langston