

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 # H51549 (4)

1. Corporation Name
MARASCHKA, INC.



Principal Place of Business: 13495 TOURNAMENT DR.
PALM BCH GARDENS FL 33410
Mailing Address: 13495 TOURNAMENT DR.
PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business: 21 13495 TOURNAMENT DR.
Suite, Apt. #, etc.:
City & State: 23 Palm Beach Gardens, FL.
Zip: 24 33410 Country: 25 U.S.A.
2a. Mailing Address: 26 13495 TOURNAMENT DR.
Suite, Apt. #, etc.:
City & State: 28 Palm Beach Gardens, FL.
Zip: 29 33410 Country: 30 U.S.A.

4. FEI Number: 59-2525270
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KATZ, LEONARD
7 BLENHEIM CT.
PALM BEACH GARDENS FL 33418

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 607.0502 and 607.1504, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LEONARD	1.2 NAME	
STREET ADDRESS	7 BLENHEIM CT.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCHNER, ERNEST	2.2 NAME	
STREET ADDRESS	11090 APPLGATE CIRCLE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCHNER, GISELLA	3.2 NAME	
STREET ADDRESS	11090 APPLGATE CIRCLE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MARILYN	4.2 NAME	
STREET ADDRESS	7 BLENHEIM CT.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 407-622-1923
Date: _____ Daytime Phone: _____

CR2E034 (12/95)