

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 508746 (6)
1. Corporation Name

Marcom, Inc.

Principal Place of Business Mailing Address

2508 Gulf Life Tower
Jacksonville, FL 32207

3. Date Incorporated or Qualified 4-10-86
3a. Date of Last Report 5-1-95

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2861560	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Arnold, Mark M.
~~2508 Gulf Life Tower~~
Jacksonville, FL 32207

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd Suite 1500
83
84 City Jacksonville FL 85 Zip Code 32207

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Walter Arnold Jr.*
Signature, typed or printed name of registered agent and filer (applicant) (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.2 NAME	1.2 NAME	
STREET ADDRESS	12.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP	12.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	12.5 TITLE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.6 NAME	2.2 NAME	
STREET ADDRESS	12.7 STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	12.8 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	12.9 TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.10 NAME	3.2 NAME	
STREET ADDRESS	12.11 STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	12.12 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	12.13 TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.14 NAME	4.2 NAME	
STREET ADDRESS	12.15 STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	12.16 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	12.17 TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.18 NAME	5.2 NAME	
STREET ADDRESS	12.19 STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	12.20 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	12.21 TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.22 NAME	6.2 NAME	
STREET ADDRESS	12.23 STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	12.24 CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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-05/16/96--01100--034 Change Addition
***200.00

5-1-96

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)(c), 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: X *Walter Arnold Jr.* WALTER ARNOLD JR. 4/17/96 904-285-8051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day: Month: Year:

CR2E034 (12/95)