

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 # **J33748** (1)

1. Corporation Name
MARMAN INVESTMENT CO., INC.



Principal Place of Business: **C/O M & W AGENTS, INC. 9100 S DADELAND BLVD PH-I MIAMI FL 33156**
Mailing Address: **23434 BARLAKE DRIVE 9100 S DADELAND BLVD PH-I BOCA RATON FL 33433-7391 US**

3. Date Incorporated or Qualified: **09/18/1986**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2721746**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Su MARMAN INVESTMENT CO 22 5500 NW 69TH AVE APT 263 23 LAUDERHILL FL 33319-7273 24 Zip 25 Country**
2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

9. Name and Address of Current Registered Agent

**NACHEMAN, ABE
23434 BARLAKE DRIVE
9100 S DADELAND BLVD PH-I
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5500 N.W. 69TH AVE. APT. 263**
83 City: **LAUDERHILL, FL** 85 Zip Code: **33319**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHEMAN, ABE	1.2 NAME	
STREET ADDRESS	23434 BARLAKE DRIVE	1.3 STREET ADDRESS	5500 N.W. 69 TH AVE. APT. 263
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHEMAN, LILLIAN	2.2 NAME	
STREET ADDRESS	23434 BARLAKE DRIVE	2.3 STREET ADDRESS	5500 N.W. 69 TH AVE. APT. 263
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESCHER, DONALD R.	3.2 NAME	
STREET ADDRESS	9100 S DADELAND BVD PH-I	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 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 on an attachment with an address.

SIGNATURE: *abe nacheman* **ABE NACHEMAN**

3/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)