## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jul 24 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **J33748** (1)MARMAN INVESTMENT CO., INC. Principal Place of Business Mailing Address C/O M & W AGENTS, INC. 23434 BARLAKE DRIVE 9100 \$ DADELAND BLVD PH+ 9100 S DADELAND BLVD PH-1 MIAMI FL 33156 **BOCA RATON FL 33433-7391** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 09/18/1986 03/26/1996 2. Principal Place of Business 2a. Mailing Address **FEL Number** Applied For 21 26 59-2721746 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{(p)}$ 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NACHEMAN, ABE 5500 N.W. 69TH AVE., APT 263 Street Address (P.O. Box Number is Not Acceptable) 82 LAUDERHILL FL 33319 63 84 City 85 Zip Code FL 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, typied or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 117006 TITLE NACHEMAN, ABE 1.2 NAME NAME 5500 N.W. 69TH AVE. APT 263 STREET ADDRESS 1.3 STREET ADORESS LAUDERHILL FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELE1E ☐ Change Addition TITLE 2.1 TIME NACHEMAN, LILLIAN NAME 2.2 NAME 5500 N.W. 69TH AVE. APT 263 STREET ADDRESS 2.3 STREET ADDRESS Lauderhill fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE TESCHER, DONALD R. NAME 3.2 NAM 9100 \$ DADELAND BVD PH-I STREET ADDRESS 3.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1.1ITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELETE Change Addition TITLE **5.1 TITLE** 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THEE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 trusted 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.