

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

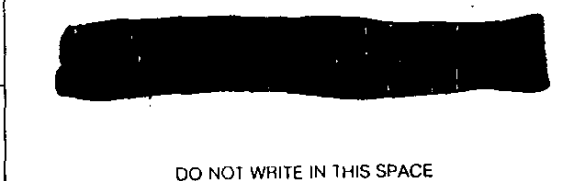
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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J33748 (1)**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5500 NW 69 AVENUE Suite, Apt. #, etc. 22 APT. 263 City & State 23 LAUDERHILL FL Zip Country 24 33319 25 USA	2a. Mailing Address 26 5500 NW 69 AVENUE Suite, Apt. #, etc. 27 APT. 263 City & State 28 LAUDERHILL FL Zip Country 29 33319 30 USA
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3. Date Incorporated or Qualified  
**09/18/1986**

4. FEI Number  
**59-2721746**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**NACHEMAN, ABE**  
**5500 N.W. 69TH AVE., APT 263**  
**LAUDERHILL FL 33319**

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 607.1508, 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NACHEMAN, ABE	
STREET ADDRESS	5500 N.W. 69TH AVE. APT 263	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NACHEMAN, LILLIAN	
STREET ADDRESS	5500 N.W. 69TH AVE. APT 263	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TESCHER, DONALD R.	
STREET ADDRESS	9100 S DADELAND BVD PH-I	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NACHEMAN, ABE	
1.3 STREET ADDRESS	5500 NW 69 AVE. APT 263	
1.4 CITY - ST - ZIP	LAUDERHILL FL 33319	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TESCHER, DONALD R.	
3.3 STREET ADDRESS	2101 CORPORATE BLVD. STE 107	
3.4 CITY - ST - ZIP	BOCA RATON FL 33431	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARGOLIN, ROBERT	
4.3 STREET ADDRESS	5500 NW 69 AVE. APT 263	
4.4 CITY - ST - ZIP	LAUDERHILL FL 33319	
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: Abe Nacheman ABE NACHEMAN, Pres./ 4/23/99 (954) 741-0241