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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J72135 (3)

1. Corporation Name  
MARCO MAJIK, INC.

Principal Place of Business  
1051 N. COLLIER BLVD.  
P.O. BOX 2029  
MARCO ISLAND FL 33969

Mailing Address  
1051 N. COLLIER BLVD.  
P.O. BOX 2029  
MARCO ISLAND FL 34146-2029  
US



3. Date Incorporated or Qualified 05/11/1987  
3a. Date of Last Report 01/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2808487	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FOSTER, KIPP T.  
128 S SEWALLS PT. RD.  
UNITS 37 AND 38  
STUART FL 34998

10. Name and Address of New Registered Agent

81 Name MICHAEL L. SCHILLING  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 13451-16 MCGREGOR BLVD.  
84 City FT. MYERS FL 85 Zip Code 33919

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 change of, Section 607.0505, Florida Statutes.

SIGNATURE

*Michael L. Schilling*

MICHAEL L. SCHILLING - PRES.

1-15-97

Signature typed or printed name of registered agent and that it is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	ASEN, MATTHEW	1.2 NAME	
STREET ADDRESS	497 LAKE MUREX CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	SCHILLING, MICHAEL L.	2.2 NAME	
STREET ADDRESS	13451 MCGREGOR BLVD. #16	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	FOSTER, KIPP T.	3.2 NAME	
STREET ADDRESS	128 S SEWALLS PT. RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	FOSTER, R. JAMES	4.2 NAME	
STREET ADDRESS	7 TIMOR STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	<del>BARRETT, TED E</del>	5.2 NAME	
STREET ADDRESS	<del>1051 N. COLLIER BLVD.</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MARCO FL</del>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Michael L. Schilling* MICHAEL L. SCHILLING 1-15-97 941-489-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)