

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # JB1422 (4)

1. Corporation Name
MARJON OF VERO BEACH, INC.

Principal Place of Business Mailing Address
3355 12TH PLACE 3355 12TH PLACE
VERO BEACH FL 32960 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/02/1987 **01/31/1994**

4. FBI Number Applied For
59-2825467 Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	736 36th Ave.	26	736 36th Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Vero Beach FL	27	Vero Beach, FL
City & State		City & State	
23	32968 USA	28	32968 USA
Zip Country		Zip Country	
24		29	
25		30	

9. Name and Address of Current Registered Agent
**CUSSON, JOHN J.
3355 12TH PLACE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUSSON, MARION J.
STREET ADDRESS	3355 12TH PLACE
CITY - ST - ZIP	VERO BEACH FL
TITLE	TD
NAME	CUSSON, JOHN J.
STREET ADDRESS	3355 12TH PLACE
CITY - ST - ZIP	VERO BEACH FL
TITLE	SD
NAME	CUSSON, JEFF L.
STREET ADDRESS	2206 18TH AVE.
CITY - ST - ZIP	VERO BEACH FL
TITLE	VD
NAME	CUSSON, JOHN B.
STREET ADDRESS	149 MABRY
CITY - ST - ZIP	SEBASTIAN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	8/7/75	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeff L. Cusson	
1.3 STREET ADDRESS	736 36th Ave	
1.4 CITY - ST - ZIP	Vero Beach, FL 32968	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John J. Cusson	
2.3 STREET ADDRESS	3355 12th Pl	
2.4 CITY - ST - ZIP	VERO BEACH FL 32968	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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: *Jeff L. Cusson* **Jeff L. Cusson** **8/1/95** **(407) 461-1180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/95)