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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J91270**

(5)

MARLEY MANUFACTURING CORPORATION Principal Place of Business Mailing Address Mailing Address Manuel L. Weber Manuel L. Weber											
LONGBOAT KE	Y FL 34228		LONGBOAT KEY F	L 34228-354	14		3. Date Incorporated or Qualific 09/04/1987	J	Pate of Last R /30/1996	eport	
2. Principal Piace of Business 21			2a. Mailing Address				4. FEI Number 65-0003942		Ap	plied For of Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				
City & State			City & State			6. Election Campaign Financing \$5.00 May Be					
23			28			Trust Fund Contribution Added to Fees					
Zip 24	Zip Country		Zip Coi		Country		This corporation has liability Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
		dress of Current	Registered Agent				10. Name and Address of New	Registered	Agent		
	BER, DANIEL L.	IDOLE			81	Name		·			
560 HARBOR COVE CIRCLE LONGBOAT KEY FL 33548					82	Street A	Address (P.O. Box Number is Not Acce	ess (P.O. Box Number is Not Acceptable)			
					83						
					84	City		Fl	85 Zip (Code	
11. Pursuant office or	to the provisions of S registered agent, or b	Sections 607.0502 noth, in the State o	and 607.1508, Floric f Florida. Such chan	la Statutes, ge was auth	the above	named of the corp	corporation submits this statement for to oration's board of directors. I hereby according to the control of th	ne purpose copt the ap	of changing it pointment as	s registered registered	
agent 1 a SIGNATURE	am familiar with, and	accept the obligati	ions of, Section 607.0	J5U5, Floria	a Statutes	3 .					
	Soprative typical or pointed			(NOTE: FI		nt signature i	required when reinstating)	DATE	D DIDECTOR	O IN 10	
TPLE	D	OFFICERS AND	□ DE	LETE	13.	·1	ADDITIONS/CHANGES TO O	FICENS AN	Change	Addition	
NAME	WEBER, DANIEL	L.			1.2 NAME				•	•	
SUBSET ADORESS	560 HARBOR CO	OVE CIRCLE			1.3 STREET	ADDRESS					
OTY-ST-7-P	LONGBOAT KEY	FL			1.4 CITY - S	T-ZIP					
DILE	D TANKED 140K		☐ DE	LETE	21 TITLE	-			Change	Addition	
NAME	YONKER, JACK 1903 LINCOLN (ADIVE			22 NAME	ADDRESS					
STREET ADDRESS OITY-ST-ZIP	SARASOTA FL	ANTE			2.3 STREET 2. 4 CITY-1	1					
THIE	- CONTROLLE		☐ DE	LETE	3.1 TITLE	-, <u></u> !!	· · · · · · · · · · · · · · · · · · ·	·	☐ Change	Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP			<u> </u>) FTE	3.4. CITY -	ST-ZIP	<u></u>			1 1 2 2 2 2	
1.TLE			☐ DE	LEIE	4.1 TITLE				LI Unange	Addition	
NAME STREET ACIORESS					4. 2 NAME 4.3 STREET						
CITY - S1 - ZIP					4.4 CITY-S						
10tE	†		☐ DE	LETE	5.1 TITLE		<u></u>		☐ Change	Addition	
NAMe					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY+S1-ZIP					5.4 CITY-5	T - ZIP					
TETLE			□ DE	LETE	6.1 TITLE				Change	Addition	
NAME STREET ADORESS					6.2 NAME	ADDRESS					

64 City-St-ZiP

14. If 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 12 or Block 13 or on an attachment with an address.

FILED Apr 04 1997 8:00am Secretary of State