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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J93409

(7)

MARAIST AND ASSOCIATES, INC.

FII	LED
Jun 03 19	97 8:00am
Secretar	y of State



Principal Place of Business Mailing Address 225 SOUTHERN BLVD. 225 SOUTHERN BLVD.		I 1884810 BJ10 18180 46111 0FB11 8881F 1814	BIOTH BIOTH BLANC BIBLI BIOTH BIOTH		
STE. 102		225 Southern Blvd. Ste. 102			
WEST PALM B	BEACH FL 33405	WEST PALM BEACH FL 3	3405-2737		1
US		US		 Date Incorporated or Qualified 09/22/1987 	3a. Date of Last Report 07/29/1996
	Place of Business	2a. Mailing Address	dake Blid	4. FEI Number	Applied For
21 345C Suite, Apt.	1-0 14.100 0100	1 · 26 3450 No.44 Suite, Apt. #, etc.	hate Divo.	65-0027143	Not Applicable
22	213	27 2	213	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	14h Valm Blac	hz Dorth Pa	Im Beach	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
_コ ッカス	403 - Country K	2 Zip 33455	Country U.S.	8. This corporation has liability for i	
24 00	9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No
MAG	RAIST, JILL	in registered Agent	81 Name	10. Hame and Address of Hall Ha	potorou rigorit
	FAIRVIEW EAST		90 0	(D.O. Day Number)	
	DUESTA FL 33469		82 Street Ad	dress (P.O. Box Number is Not Acceptab	(e)
			83		
			84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 607 050 registered agent, or both, in the State	02 and 607.1508, Florida Statuli e of Florida. Such change was a	es, the above-named co authorized by the corpor	proporation submits this statement for the preation's board of directors. I hereby accept	urpose of changing its registered
agent. I a	am familiar with, and accept the oblig	ations dt, Section 607.0505, Flo	orida Statutes.	ration's board of directors. I hereby accep	- 72 -0-1
SIGNATURE	June 1 march	uj			75-91.
12.	Signature, typed or printed name of registered age	ent and little if applicable (NOTI	Flegistered Agent's gnature rec	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	MARAIST, JILL		1.2 NAME		·
STREET ADDRESS	114 FAIRVIEW E		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		14 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	MARAIST, FRANCIS B., JR.		2.2 NAME		
STREET ADDRESS	114 FAIRMEW E		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	DEVETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ĺ		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		C Neutro	5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addillor
CITY-ST-ZIP TITLE NAME		OELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6. TITLE 6.2 NAME		☐ Change ☐ Addillor
CITY-ST-ZIP TITLE		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addillor

I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes. If further certify that the information indicated on this angual 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 coupgration 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 planged or on the authority of the coupgration of the coupgration of the coupgration of the coupgration of the couper of the