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Jun 03 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 # J93409 (7) 1. Corporation Name MARAIST AND ASSOCIATES, INC.			
Principal Place of Business 225 SOUTHERN BLVD. STE. 102 WEST PALM BEACH FL 33405 US		Mailing Address 225 SOUTHERN BLVD. STE. 102 WEST PALM BEACH FL 33405-2737 US	
2. Principal Place of Business 21 3450 Northlake Blvd. Suite, Apt. #, etc. 213 City & State North Palm Beach Zip 33403 Country US		2a. Mailing Address 26 3450 Northlake Blvd. Suite, Apt. #, etc. 213 City & State North Palm Beach Zip 33405 Country US	
9. Name and Address of Current Registered Agent MARAIST, JILL 114 FAIRVIEW EAST TEQUESTA FL 33489		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 FL	
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 <i>Jill Maraist</i> DATE 4-23-97			
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME MARAIST, JILL STREET ADDRESS 114 FAIRVIEW E CITY-ST-ZIP TEQUESTA FL TITLE ST <input type="checkbox"/> DELETE NAME MARAIST, FRANCIS B., JR. STREET ADDRESS 114 FAIRVIEW E CITY-ST-ZIP TEQUESTA FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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 <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 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 <i>Jill Maraist</i> 5-8-97 561-624-9493			



CR2E034 (9/96)