

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98877 (0)

1. Corporation Name  
MARNAN GROUP, INC.

Principal Place of Business  
3850 W. HOMOSASSA TRAIL  
LECANTO FL 34461  
US

Mailing Address  
PO BOX 1868  
HOMOSASSA SPRINGS FL 34447-1868  
US



2. Principal Place of Business 21 200 SE 484 22 Suite, Apt. # etc. 23 Ocala - FL 24 34480 25 Marion		2a. Mailing Address 26 200 SE 484 27 Suite, Apt. #, etc. 28 Ocala FL 29 34480 30 Marion		3. Date Incorporated or Qualified 10/26/1987	3a. Date of Last Report 03/08/1996
				4. FEI Number 59-2857063	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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 REYNOLDS, WILLIAM L. 3850 W HOMOSASSA TR LECANTO 34461		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	
		Reynolds, William L. 200 SE 484 Ocala - FL 34480	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	REYNOLDS, WILLIAM L.	1.2 NAME	REYNOLDS, WILLIAM L.
STREET ADDRESS	3850 W HOMOSASSA TR	1.3 STREET ADDRESS	200 SE 484
CITY - ST - ZIP	LECANTO FL	1.4 CITY - ST - ZIP	OCALA FL 34480
TITLE	D	2.1 TITLE	D
NAME	REYNOLDS, ANN G.	2.2 NAME	REYNOLDS, ANN G.
STREET ADDRESS	3850 W HOMOSASSA TR	2.3 STREET ADDRESS	200 SE 484
CITY - ST - ZIP	LECANTO FL	2.4 CITY - ST - ZIP	OCALA FL 34480
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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:  4-30-97 352-245-7577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)