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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K49963** **(7)**

1. Corporation Name

MARSCO, INC.

Principal Place of Business	Mailing Address
2542 SOUTH FEDERAL HIGHWAY. APT. 19 BOYNTON BEACH FL 33435	2542 SOUTH FEDERAL HIGHWAY. APT. 19 BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **12/02/1988**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **65-0108944** [ ] Applied For [ ] 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. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEMAR, EUGENE
2542 SOUTH DEDERAL HIGHWAY, APT. 19
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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, type or print name of registered agent, and title if applicable) (Date) (Registered Agent Signature required if changed or other than current) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	VD	[ ] DELETE
NAME	DEMAR, EUGENE	
STREET ADDRESS	2542 S. FED. HWY., #19	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	[ ] DELETE
NAME	DEMAR, JEAN	
STREET ADDRESS	2542 S. FED. HWY., #19	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	[ ] DELETE
NAME	GRECO, JOHN B.	
STREET ADDRESS	3850 GULF OCEAN DR, #905	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	[ ] DELETE
NAME	GRECO, JOSEPHINE	
STREET ADDRESS	3850 GULF OCEAN DR. #905	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Eugene deMar 4-3-96 407-732-2043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #