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FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K49963 (7)

1. Corporation Name  
MARSCO, INC.

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

Mailing Address  
2542 SOUTH FEDERAL HIGHWAY, APT. 19  
BOYNTON BEACH FL 33435-7710



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1988		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0108944		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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 DEMAR, EUGENE 2542 SOUTH FEDERAL 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 607.1505, 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 of person authorized to perform duties of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAR, EUGENE	12 NAME	
STREET ADDRESS	2542 S. FED. HWY., #19	13 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAR, JEAN	22 NAME	
STREET ADDRESS	2542 S. FED. HWY., #19	23 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	24 CITY - ST - ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, JOHN B.	32 NAME	
STREET ADDRESS	3850 GULF OCEAN DR, #905	33 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, JOSEPHINE	42 NAME	
STREET ADDRESS	3850 GULF OCEAN DR. #905	43 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: \* Eugene DeMar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97 561-732-2043

Date

Daytime Phone #

CR2E034 (9/96)