

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
 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.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0108944	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input 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				10. Name and Address of New Registered Agent	
DEMAR, EUGENE 2542 SOUTH FEDERAL HIGHWAY, APT. 19 BOYNTON BEACH FL 33435				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, JOHN B.	32 NAME	
STREET ADDRESS	385C GULF OCEAN DR, #905	33 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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* 3-13-97 561-732-2043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)