

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # K70580

(1)

95 JUL 24 AM 11:11

1. Corporation Name

MARILYN ARPEL SOUTH, INC.

Principal Place of Business

501 EAST CAMINO REAL
BOCA HOTEL LAND RESORT
BOCA RATON FL 33432

Mailing Address

501 EAST CAMINO REAL
BOCA HOTEL LAND RESORT
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0118822

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 franchise tax under s. 199.034, Florida Statutes

Yes

No

2. Principal Place of Business

21 152 TOWN CENTER

2a. Mailing Address

26 152 TOWN CENTER

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

ZIP

24 33431

Country

25 USA

ZIP

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, JOHN P. CPA
2499 GLADES ROAD
SUITE 305A
BOCA RATON FL 33431

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

Registered Agent Signature (Required when changing office)

Registered Agent Signature (Required when changing office)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GEWANT, ROBERT

STREET ADDRESS

150 E. BOCA RATON RD.

CITY, ST, ZIP

BOCA RATON FL

TITLE

PST

NAME

ARPEL, MARILYN

STREET ADDRESS

150 E. BOCA RATON RD.

CITY, ST, ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

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)(b), 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 person 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 in an attachment with an address.

SIGNATURE

Marilyn Arpel

7/19/95

407-391-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)