


FILED

Apr 21 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L13113</b> 1. Corporation Name <b>MARMCO, INC.</b>		<b>(0)</b>	
Principal Place of Business <b>2030 MCGREGOR BLVD</b> <b>FT. MYERS FL 33901</b>		Mailing Address <b>2030 MCGREGOR BLVD</b> <b>FT. MYERS FL 33901</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> 2026 Wilna Street City & State <b>23</b> Fort Myers, FL Zip Country <b>24</b> 33901 <b>25</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> 2026 Wilna Street City & State <b>28</b> Fort Myers, FL Zip Country <b>29</b> 33901 <b>30</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>WALKER, MARY JO</b> <b>2030 MCGREGOR BLVD</b> <b>FT MYERS FL 33901</b>		<b>81</b> Name <b>82</b> Street Address 2026 W <b>83</b> <b>84</b> City Fort M	
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>WALKER, MARY JO</b> <b>3913 MCGREGOR BLVD.</b> <b>FT MYERS FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VD</b> <b>SANDERS, MICHAEL CLAYTON</b> <b>19211 PERSIMMON RIDGE RD</b> <b>ALVA FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STD</b> <b>SANDERS, MARY CHRIS</b> <b>1323 GASPARILLA DR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>13.</b>			
	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>		
	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>		
	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>		
	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>		
	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>		
	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>		

[illegible]

CR2E034 (10/97)

14. I 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**

Id-15-62 401/3248681