`	NOW: FILING FEE	AFTER MAY 1 IS \$	225.00		
	PROFIT PORATION	FLORIDA DEPARTME			
ANNUAL REPORT Sandra B. Morth Secretary of Sta					
1996 DIVISION OF CORPORATION					
DOCUMENT # L16800 (9)					
MARBLEDGE, INC.					
Principal Place of Business				1 144(13)1 301 1(3)4 31101 ((1111 96111 4811 41211 61211 61611 61811 A1811 A1811 1861
1777 7TH AVE N 1777 7TH AVE N					
LAKE WORTH FL 33461 LAKE WORTH FL 33461				3. Date Incorporated or Qu	alified 3a. Date of Last Report
0.5: 1.5:				09/15/1989	05/01/1995
2. Principal Pla	XO 4th Due 1	J 28. Mailing Address 4TV	Ave N	4. FEI Number 59-2968203	Applied For Not Applicable
Suite, Apl. #		Suite, Apt. #, etc.	, <u>, , , , , , , , , , , , , , , , , , </u>	5- Certificate of Status Des	\$9.75 Additional
City & State	o worth F	City & State	mhh F	6. Election Campaign Finar Trust Fund Contribution	10ing \$5.00 May Be
	Country	1 28 Cane CC	Coupto	· / · · · · · · · · · · · · · · · · ·	Added to Fees iity for intangible tax under s 199.032,
24 354	9. Name and Address of Currer	29 554 (b) 30	P12	Florida Statutes 10. Name and Address of	Yes No
	5. IVANIE BIIG AUGIESS OI CUITEI	it negistered Agent	81 Name	<u> </u>	
				dress (P.O. Box Number, is Not A	captable)
1777-77H AVE. N. LAKE WORTH FL 33461			83	800 4111	106 D
DAKE W	ORTH FL 33401		84 City		85 Zrp Code
44 0		2 - 1 007 1500 Fly (1- 0)-1 1-1		ARE WORTH	FL 3346/
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 affice 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 _	JON JASIO	- you your	<u></u>		1/29/96
12.	Signature, typod or printed name of registered agon OFFICERS AN	D DIRECTORS	istered Agont signature requ 13.		DATE [
TITLE	DPC	DELETE	1 1 TITLE	PD	Change Addition
NAME STREET ADORESS	DINORCIA, ANTHONY SR 1777 7TH AVE N		1.2 NAME 1.3 STREET ADDRESS	1800 4Th	Ave N
CHTY-ST-ZIP	LAKE WORTH FL		14 City-St-ZiP	LAKE WORTH,	L
TITLE	D		2 1 TITLE	<u>_</u>	Change Addition
NAME CTOLLT ADDRESS	DINORCIA, ANTHONY JR 1777 7TH AVE N		2.2 NAME 2.3 STREET ADDRESS	SIDNEY DNORK	W BLVD. APT 12F
STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL		2.4 City-ST-ZIP	BOCA RATON	FL 33432
TITLE	D		3 1 TITLE		Change Addition
NAME STREET ADORESS	DINORCIA, VITTORIA 1777 7TH AVE N		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	Τ	☐ DELETE	4. 1 TITLE	TD, 10014	hange Addition
NAME CAREET ARRESTS	JASIEL, JON 6151 SERENE RUN		4 2 NAME	JON JOSIAL 6151 SERENE LAKE WORTH	RUN
STREET ADDRESS CITY+S1+ZIP	LAKE WORTH FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	LAKE WORTH	FL 83467
TITLE	DV		5. 1 TITLE		Change Addition
NAME	DINORCIA, DONATO		5 2 NAME		
STREET ADDRESS CITY-ST-ZIP	8877 104TH AVE NORTH West Palm Beach Fl		5.3 STREET ADDRESS 5.4 DITY-ST-ZIP		
TITLE			6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS City-St-Zip			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPETER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEG OFFICER OR DIRECTOR

Objusing Phone I