

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # M43933**

**(4)**

1. Corporation Name

**MARCOR DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

**C/O MARTIN M. GITTER  
905 N.E. 199 STREET. #107  
MIAMI FL 33179**

**C/O MARTIN M. GITTER  
905 N.E. 199 STREET. #107  
MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1986</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2752666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GITTER, MARTIN M.  
905 N.E. 199 STREET  
#107  
MIAMI FL 33179**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**000002260070--4  
-08/06/97--01117--008  
\*\*\*\*\*173.75 \*\*\*\*\*173.75  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, HERBERT</b>	1.2 NAME	
STREET ADDRESS	<b>2115 NW 53 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GITTER, MARTIN M.</b>	2.2 NAME	
STREET ADDRESS	<b>905 NE 199 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SEC.</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARJORIE JACOBS</b>	3.2 NAME	
STREET ADDRESS	<b>2115 NW 53 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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. 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.

*Marjorie Jacobs*

*7/27/97 (1-5) 1-13-31-19*

CR2E034 (4/97)

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MARTIN M. GITTER  
905 N.E. 199th Street #107  
Miami, Florida 33179  
(305) 653-3419

July 25, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen: Re: Cornerstone International Inc.  
ID# 59-2752665

Marcor Development Corp.  
ID# 59-2752666

The above named corporations never received the preprinted annual report form. I realized this fact in very early April and immediately telephoned your office. All I got was a taped telephone message your office indicated that I should leave a message at the sound of the tone and that they would respond. I even indicated that if they could not give me the preprinted forms they should send blank ones.

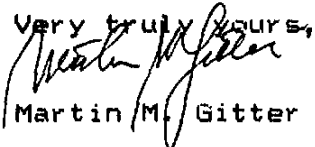
I received no response. this is the problem when you can't get to talk to a human being. I even tried to get these forms from from some Law firms and accounting firms to no avail,

I never has this type of problem before especially when the Department of State had a local office in Miami or in South Florida.

Last week i received your 2nd request form reflecting a substantial penalty. I called the number on the form and this time I received a human response. Your agent told me to write this letter. I feel that the penalty is unfair and I respectfully request that the penalty be abated. I feel that the circumstances indicate that I tried to file on time.

I am enclosing the executed annual report form each corporation along with checks for \$173.75.

Thank you for your kind cooperation herein.

Very truly yours,  
  
Martin M. Gitter