

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M46485** (2)

1. Corporation Name  
**MAR JEANNE PROPERTIES, INC.**

Principal Place of Business  
**2002 FAIRWAY DRIVE  
HALF MOON BAY CA 94018**

Mailing Address  
**2002 FAIRWAY DRIVE  
HALF MOON BAY CA 94019-2276**



2. Principal Place of Business 21 <b>2175 ST. RD. 84</b> Suite, Apt. #, etc 22 <b>✓</b> City & State 23 <b>FT. LAUDERDALE, FL</b> Zip 24 <b>33312</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>2175 ST. RD. 84</b> Suite, Apt. #, etc 27 <b>✓</b> City & State 28 <b>FT. LAUDERDALE, FL</b> Zip 29 <b>33312</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/11/1987</b>	3a. Date of Last Report <b>07/12/1996</b>
4. FEI Number <b>94-3062362</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LICKSTEIN, FRED K. 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 Name <b>JOANNA PERAGINE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2175 ST. RD. 84</b> 83 84 City <b>FT. LAUDERDALE</b> FL 85 Zip Code <b>33312</b>	
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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: *Joanna C. Peragine* (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) *Controller* DATE: **2/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOMAS, WILLIAM P.</b>	1.2 NAME	
STREET ADDRESS	<b>2175 STATE ROAD 84</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice-President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McComas, Martha</b>	2.2 NAME	
STREET ADDRESS	<b>23 S. Foot Hills</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Medford, OR 97504</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Martha McComas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**226-97**

Date Daytime Phone

CR2E034 (9/96)