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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M90756

(1)

MAROL PROPERTIES, INC.

May 09	ILED 1997 8:00am ary of State
Incorporated or Qualified	3a. Date of Last Report

						BEB	
Principal Pla	ca of Business	Mailing Address					,
2200 WEST COMMERCIAL BLVD. 2200 WES SUITE 201-A SUITE 201			EST COMMERCIAL BLVD.				
	ALE FL 33300	FT LAUDERDALE FL 3	33309-3059				
(2 2 2 2					3. Date Incorporated or Qualified	3a. Date of Last F	report
					07/25/1988	03/18/1996	
1	Place of Business	2a. Mailing Address			4. FEI Number 65-0089769	 	oplied For
21	A A A	26 Cuito Ant # oto			00,0009109	CO 75	ot Applicable Additional
Suite, Api	t. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Aggitional egulred
22 City & Sta		27 City & State	·····		C Floation Compoler Financing		May Be
	ne	28			Election Campaign Financing Trust Fund Contribution		May be to Fees
23 Zip	Country	Zip	Coi	untry	8. This corporation has liability for i		
24	25	29	30	•		Yes No	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of C		1771	T	10. Name and Address of New Re	gistered Agent	
ÇI	MON, STEVEN W			81 Name			
	1 BRICKELL AVENUE			00 00 00	tees (D.O. Cau Number to Not Accorded	Ja\	
	JITE 1901			62 Street Add	dress (P.O. Box Number is Not Acceptab	ne)	
	AMI FL 33131			83			
M	Pain 12 00 10 1				***************************************	7221 -	01-
				84 City		FL 85 Zip	Code
				bove-named cored by the corporatutes.			
SIGNATURE	Signature, typeol or printed name of registe	red agent and tille if applicable		ed Agent agnature requ	uired when reinstating)	DATE	
SIGNATURE	Styrinture, typeol or printed name of registe	red agent and tille if applicable S AND DIRECTORS		ed Agent a gnature requ		ERS AND DIRECTO	
	Styrinture, typical or printed name of registe		(NOTE Registere	ed Agent signature requ	uired when reinstating)		
12.	Styriative, typical or profest name of registe OFFICER PST FRIED, MARK	S AND DIRECTORS DELETE	(NOTE Registere 13.	ed Agent signature requ	uired when reinstating)	ERS AND DIRECTO	
12. THE	OFFICER PST FRIED, MARK 2200 WEST COMMERCIA	S AND DIRECTORS DELETE	(NOTE Registere 13. 1.1 T	ed Agent signature requ	uired when reinstating)	ERS AND DIRECTO	
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1. I do nereby certify that the information supplied with this filling does not qualify for the exemption is stated in 1907 (3), horse action in this annual report or supplied 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 office 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 2 or block 13 if changed or on an attachment with alreaddress.

SIGNATURE:

MATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

4-159

994-96-3500 Dayline Prone #