

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000021174 (6)

1. Corporation Name

MARAFINANCIAL, INC.



Principal Place of Business

8720 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637

Mailing Address

8720 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

21 1455 W Busch Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 1455 W Busch Blvd
Suite, Apt. #, etc.

22 PO Box 280340
City & State

27 PO Box 280340
City & State

23 Tampa FL
Zip Country

28 Tampa FL
Zip Country

24 33682-0340 25

29 33682-0340 30

4. FEI Number

59-3479669-58-2719038

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KARVONEN, DANIEL S II
8720 TEMPLE TERRACE HWY
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name

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

1455 W Busch Blvd

83

PO Box 280340

84

Tampa

FL

85 Zip Code

33682-0340

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

TITLE CEO
NAME KARVONEN, DANIEL S
STREET ADDRESS 8720 TEMPLE TERRACE HWY
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE P
NAME MOON, DEAN L
STREET ADDRESS 3987 PACES FERRY DR
CITY- ST- ZIP ATLANTA GA 30339

☐ DELETE

TITLE CFO
NAME J
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☒ Change ☐ Addition
1455 W Busch Blvd
Tampa, FL 33612

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☒ Change ☒ Addition
CFO
Johnson, Duane E
PO Box 4009
Mankato MN 56002-4009

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

3/13/96

507-386-1410

CR2E034 (12/95)