

**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 # P93000022708 (0)  
1. Corporation Name

MARCEL ENTERPRISES, INC.



Principal Place of Business: 2068 VELA NORTE' CIRCLE ATLANTIC BEACH FL 32233  
Mailing Address: 2068 VELA NORTE' CIRCLE ATLANTIC BEACH FL 32233

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 4365 CEDAR RD.	03/23/1993	08/22/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3172719	Not Applicable
City & State	28 ORANGE PARK, FL.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	29	<input type="checkbox"/>	<input type="checkbox"/>
Zip	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32065	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCELLUS, GARY W 2068 VELA NORTE CIRCLE ATLANTIC BEACH FL 32233	81 Name: GARY W. MARCELLUS 82 Street Address: 4365 CEDAR RD. 83 84 City: ORANGE PARK FL 85 Zip Code: 32065

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 607.0503, Florida Statutes.

SIGNATURE: *Gary W. Marcellus* DATE: 4/3/96  
GARY W. MARCELLUS PRESIDENT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARCELLUS, GARY W.		1.2 NAME: SAME	
STREET ADDRESS: 2068 VELA NORTE CR		1.3 STREET ADDRESS: 4365 CEDAR RD	
CITY-ST-ZIP: ATLANTIC BEACH FL		1.4 CITY-ST-ZIP: ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTS	<input type="checkbox"/> DELETE	2.1 TITLE: SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARCELLUS, LINDA		2.2 NAME: SAME	
STREET ADDRESS: 2068 VELA NORTE CIRCLE		2.3 STREET ADDRESS: 4365 CEDAR RD.	
CITY-ST-ZIP: ATLANTIC BEACH FL		2.4 CITY-ST-ZIP: ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	<input type="checkbox"/> Change <input type="checkbox"/> 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 address.

SIGNATURE: *Gary W. Marcellus* DATE: 4/3/96  
GARY W. MARCELLUS PRESIDENT

CR2E034 (12/95)