

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

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 08/22/1995

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

4. FEI Number: 59-3172719
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: MARCELLUS, GARY W. 2068 VELA NORTE CIRCLE ATLANTIC BEACH FL 32233
10. Name and Address of New Registered Agent: 81 Name: GARY W. MARCELLUS
82 Street Address (P.O. Box Number is Not Acceptable): 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)