

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000022708 (0)**

1. Corporation Name
MARCEL ENTERPRISES, INC.



Principal Place of Business 2068 VELA NORTE CIRCLE ATLANTIC BEACH FL 32233	Mailing Address 4365 CEDAR ROAD ORANG APRK FL 32065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4132 San Servera Dr S Suite, Apt. #, etc. 22 Jacksonville, FL City & State 23 Jacksonville, FL Zip Country 24 32217 25	2a. Mailing Address 26 4132 San Servera Dr S Suite, Apt. #, etc. 27 Jacksonville, FL City & State 28 Jacksonville, FL Zip Country 29 32217 30	3. Date Incorporated or Qualified 03/23/1993	3a. Date of Last Report 04/15/1996
		4. FEI Number 59-3172719	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MARCELLUS, GARY W
4365 CEDAR ROAD
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent
81 Name Gary W. Marcellus
82 Street Address (P.O. Box Number is Not Acceptable) 4132 San Servera Drive S.
83
84 City Jacksonville FL 85 Zip Code 32217

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	MARCELLUS, GARY W.	
STREET ADDRESS	4365 CEDAR ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VTS	
NAME	MARCELLUS, LINDA	
STREET ADDRESS	4365 CEDAR ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	4132 San Servera Dr. S.		
1.4 CITY-ST-ZIP	Jacksonville, FL 32217		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	4132 San Servera Dr S		
2.4 CITY-ST-ZIP	Jacksonville, FL 32217		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, 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: *Gary W. Marcellus* 8/22/97 (601) 448-8525

CR2E034 (4/97)