

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996-19-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DEPARTMENT OF CORPORATIONS

B- 39105 C

DOCUMENT # P93000028109 (5)

1. Corporation Name

MARSHALL & MARSHALL, INC.



Principal Place of Business

700 FALLING LEAF CT  
801 E HANOVER DR  
DELAND FL 32724

Mailing Address

700 FALLING LEAF CT  
801 E HANOVER DR  
DELAND FL 32724

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 700 FALLING LEAF CT

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 VOLUSIA

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3178165

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

SCOT A. LINDEN  
4081 N 41 STREET  
SUITE 850  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |  |                                 |                    |   |
|-------|--|---------------------------------|--------------------|---|
| TITLE | PTS<br>LINDEN, JAMES M<br>801 E HANOVER DR 700 FALLING LEAF CT<br>DELAND FL 32724  | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 1.2 NAME           |   |
| TITLE | D<br>LINDEN, JAMES M JR<br>801 E HANOVER DR 700 FALLING LEAF CT<br>DELAND FL 32774 | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS |   |
|       |  |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE |  | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 2.2 NAME           |   |
| TITLE |  | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS |   |
|       |  |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE |  | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 3.2 NAME           |   |
| TITLE |  | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS |   |
|       |  |                                 | 3.4 CITY-ST-ZIP    |   |
| TITLE |  | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 4.2 NAME           |   |
| TITLE |  | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS |   |
|       |  |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE |  | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 5.2 NAME           |   |
| TITLE |  | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS |   |
|       |  |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE |  | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |  |                                 | 6.2 NAME           |   |
| TITLE |  | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS |   |
|       |  |                                 | 6.4 CITY-ST-ZIP    |   |

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 any address.

CR2E034 (1295)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

904-734-0964

Daytime Phone #