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.)

PROFIT CORPORATION **ANNUAL REPORT**

. 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000056463 (1)

MARNELL, INC.

APPROVED

97 JUL 23 PM 1: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									I EBIJI at iki bili		18 (18) 188)
1035 HARBOR LAKE DRIVE SAFETY HARBOR FL 34895 US				1035 HARBOR LAKE DRIVE SAFETY HAORBOR FL 34695 US				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qu	alified 3	Date of Last Re	port
2. Principal Place of Business				2a. Mailing Address				08/15/1993 4. FEI Number		04/19/1996	plied For
21]				26 P.O. BOX 1176				59-3198823		 	t Applicable
Sulte, Apt. #, etc.				Suite, Apl. #, etc.				5. Certificate of Status Des	ired []	\$8.75 A	
22				27				b. Certificate of Status Des		Fee Re	quired
City & State			28	28 Safety Harbor FL			7	6. Election Campaign Final Trust Fund Contribution	ncing	\$5.00 Added to	
Zip		Country	L	Zip	Cou	ntry		8. This corporation owes o	has paid the	e current year Inta	angible
24		25	29		30	4 5N		Personal Property Tax d] No
		and Address of Current	10. Name and Address of New Registered Agent								
ROSS, MARTIN S								TIN S. Ro	53		
1035 HARBOR LAKE DRIVE						82 Stree	l Addre	ss (P.O. Box Number is Not A	cceptable)	01	
SAFETY HARBOR FL 34695						83	03.	KIVERSIDE	17100	se Ird.	
						03					!
					i	84 City	Tag.	OON SPRING		FL 85 Zip C	ode
11. Pursuant	to the provis	ions of Sections 607.0502	and 6	607.1508, Florida Statu	les, the at	oove-name	d corpo	ration submits this statement	for the purpo		689 registered
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 again and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
12.	cognition types	OFFICERS AND			13.	A Section of the sect	re regenee	ADDITIONS/CHANGES TO			S IN 12
TITLE	PTD			DELETE	5.1 1	LE	T			Change	Addition
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STREET ADDRESS 1031 RIVERSIDE RIDGE ROAD				1.3 STREET ADDRESS							ļ
CITY-ST-ZIP		SPRINGS FL				Y-S1-7/P	ļ	80080	225	1688-	
TITLE	SD	1 1 2 1 1		DELETE	2.1 7/1				/29797-	-01434 mm 0	24 Addition
NAME	ROSS, E				2.2 NA			非 排注	* 165.0	() ****16	5.00
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NAME				- Peters	3.2 NA					L_I Change	Addition
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City-St-Zip		·			4.4 CI	IY-ST-ZIP					
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CITY-ST-ZIP						KEET AUDHESS TV+ST-ZIP	"	•)
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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 Blook 12 or Block 13 techanged, or on an attachment with an address.