FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066016 (5)**

1. Corporation Name
MARBLEHOUSE, INC.

Principal Place of Business	Mailing Address
15900 PINES BLVD. PEMBROKE PINES FL 33027	15900 PINES BLVD. PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0441555	☐ Applied For ☐ Not Applicable
21 101 NW. 72 ND AVE	26 101 NW 72 ND AVE		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: PLANTATION FL	28 City & State: PLANTATION, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33317 25 Country: USA	29 Zip: 33317 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCARDLE, GEORGE E 15900 PINES BLVD. PEMBROKE PINES FL 33027	81 Name 82 Street Address (P.O. Box Number Not Acceptable): 101 N.W. 72ND AVE 83 84 City: PLANTATION FL 85 Zip Code: 33317

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, GEORGE E	12 NAME		
STREET ADDRESS	15900 PINES BLVD.	13 STREET ADDRESS	101 N.W. 72 ND AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	14 CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	BARR, JOHN	22 NAME		
STREET ADDRESS	15900 PINES BLVD	23 STREET ADDRESS	101 N.W. 72 ND AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, MICHAEL	32 NAME		
STREET ADDRESS	15900 PINES BLVD	33 STREET ADDRESS	101 N.W. 72ND AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	LOOP, ELIZABETH	42 NAME	S LOOP, ELIZABETH	
STREET ADDRESS	15900 PINES BLVD	43 STREET ADDRESS	101 NW 72ND AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: G. McArdle 4/18/95 (305) 584-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

011606 CR