

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000006662 (8)

1. Corporation Name
BRANDON L. MARION & ASSOCIATES, INC.



Principal Place of Business
**1290 GULF BLVD
SUITE 2007
CLEARWATER FL 34630
US**

Mailing Address
**1290 GULF BLVD
SUITE 2007
CLEARWATER FL 34630-2742
US**

3. Date Incorporated or Qualified **01/18/1994** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business 21 414 Buttonwood Lane Suite, Apt. #, etc.	2a. Mailing Address 26 414 Buttonwood Lane Suite, Apt. #, etc.	4. FEI Number 59-3216617	Applied For Not Applicable
22 City & State Largo, Fl.	27 City & State Largo, Fl.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33770	29 Zip 33770	24 Country USA	30 Country USA
24. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MARION, BRANDON 403 LOTUS PATH CLEARWATER FL 34616		10. Name and Address of New Registered Agent	
81 Name BRANDON MARION		82 Street Address (P.O. Box Number is Not Acceptable) 414 BUTTONWOOD LANE	
83		84 City LARGO	
85 Zip Code 33770		86 State FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARION, BRANDON L		1.2 NAME BRANDON L. MARION	
STREET ADDRESS 1290 GULF BLVD SUITE 2007		1.3 STREET ADDRESS 414 BUTTONWOOD LANE	
CITY - ST - ZIP CLEARWATER FL		1.4 CITY - ST - ZIP LARGO, FL. 33770	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANGELA M MARION		2.2 NAME Angela M Marion	
STREET ADDRESS 1290 GULF BLVD SUITE 2007		2.3 STREET ADDRESS 414 BUTTONWOOD LANE	
CITY - ST - ZIP CLEARWATER FL		2.4 CITY - ST - ZIP LARGO, FL. 33770	
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	
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	
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	
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	

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 in an attachment with an address.

SIGNATURE: **Brandon Marion, BRANDON MARION** 1-19-97 813
581-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)