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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011821 (3)

MAROMAL FAMILY HOLDINGS, INC.

						·• · ·				
Principal Piace of Business #435 HOLLYWOOD BLVD. BUTTE 204 HOLLYWOOD FL 33020			Mailing Address 2435 HOLLYWOOD BLVD. SUITE 204 HOLLYWOOD FL 33020-6629							
US		US				3. Date incorporated or Qua 02/09/1994	lified	3a. Date of Last 04/29/1996		
2. Principal Pi	ace of Business	2a. N	Mailing Address				4. FEI Number 65-0474806		 	Applied For Not Applicable
Suite, Apt.	#, etc.		uite, Apt #, etc.				5. Certificate of Status Desir	ed [\$8.75	Additional Required
City & State	9	28	orty & State				Election Campaign Finance Trust Fund Contribution	~ .		0 May Be d to Fees
Zip 4	Country 25	29	ip	30	intry		8. This corporation has liabil Florida Statutes		Yes 🗌 No	rs. 199.032,
DEC	9. Name and Address of Cur	rent Registe	red Agent		81	Name	10. Name and Address of N	ew Regii	slered Agent	
	NICK, MALCOLM L 5 N. 39TH STREET						ddaga (IVO) tha Alaska a blad Assault IV			
HOLLYWOOD FL 33021						Street Ac	ldress (P.O. Box Number is Not Ac	ceptable)	
					83					
•					84	City			85 Zi	p Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ot	ate of Florida	. Such change was	authorized	d by	the corpor	orporation submits this statement for ration's board of directors. I hereby	or the pur accept 1	pose of changing the appointment	j its registered as registered
SIGNATURE	Signature, typed or printed name of registered		·				quired when remarating)		DATE	
12.	OFFICERS.	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO	OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	D D		DELFTE	111	ЧE		•		☐ Chang	e 🔲 Addition
NAME	RESNICK, MALCOLM L 3155 N. 39TH STREET			12 N/						
STREET ADDRESS	HOLLYWOOD FL 33021			1		ADDRESS				
CITY-ST-ZIP TITLE	1,0121110001100021		DELETE	1.4 CH 2.1 TI		1-71r			Chang	e 🔲 Addition
NAME				2.2 N/						
STREET ADDRESS				2.3 \$1	REL	ADDRESS				
CITY-ST-ZIP				2.4 C	(1 Y - §	ST- 20P				
THILE			DELETE	3 1 71	ILE				☐ Chang	e 🔲 Addition
NAME				3.2 N	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELEJE			61 - ZIP			Chang	e Addition
NAME .				4.1 1I 4. 2 N					FT CHAIR	C LI AGOGOGI
STREET ADDRESS						ASORESS				
CITY-ST-ZIP				4.3 St			b .			
TITLE			DELETE	5111					Chang	e Addition
NAME				52 N/		7	E 7/1			
STREET ADDRESS				5381	IREF Þ	ADDRESS 1	7 6			
CITY-ST-ZIP				5.4 0	IY-S	1 - ZiA - 🚶				
TITLE			DELFTE	6.171][]	: · · /			Chang	e Addition
NAME .				.6.2 N	AME					
STREET ADDRESS				638	HE	488 J:				
CITY-ST-ZIP				641	iyı.	<u> </u>	<u> </u>	~		
14. I do hereb informatio	by certify that the information supp in indicated on this annual repo <u>rt.</u>	olled with this or supplemer	ming does not qua ital annual report is	true and	acci.	mption stal trate and th	tett in Section 119.07(3)(i), Florida i fat my signature shall have the san	Statutes. ne legal <i>e</i>	i further certify the	iat the under oath, that
l am an o appears i	flicer or director of the corporation Block 12 or Block 13 if changes	or the received	ver or trustee compo achment with an ac	werest to d ldress.	exec	ute this rep	fat my signature shall have the san port as required by Chapter 607, Fl	orida Sta	tutes; and that m	y namo

FILED

May 15 1997 8:00am

Secretary of State