PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000012555 (6)

MARNIC INVESTMENT CORP.								
Principal Place	of Business	Mailing Address				PAR ad ah daha M	dio Herri Bil	
	ST CAUSEWAY #610 ALE FL 33316	757 SE 17TH ST CAU FT LAUDERDALE FL :						
					 Date Incorporated or Qualified 02/11/1994 		of Last F 2/16/19	
2. Principal Pla 21	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt #	. etc.	Suite, Apt. #, etc.			¢0.75 additional			Not Applicable
22		27		5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing			May Be
7(p	Country	28 Zip	Countr		Trust Fund Contribution 8. This corporation has liability to			d to Fees
4	25	29	30	•		rimangioleta is ∏No	x under S	199.002,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered .	Agent	
			81	Name				
	, PAUL N		82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
	17TH ST CAUSEWAY #610 PERDALE FL 33316		83		<u> </u>			
() DAOD	LIDALL IL 300 IU		L					
			84	City		FL	85 Zi	p Code
IATHIRIF WITH	n, and accept the obligations of, Sec	it and title if applicable (NC	OTE: Registered Age		and of directors. Thereby accept the ap	DATE	2712	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE NAME	DEAMER, PAUL N		1 1 TITLE			Ĺ	Change	Addition
STREE! ADDRESS	757 SE 17TH ST CAUSEWA	\Y # 610	1.2 NAMÉ 1.3 STREE	T ADDRESS				
C(1) - S1 - Z(P	FT LAUDERDALE FL 33316		1.4 CITY-					
TILE	D	☐ DELETE	2 1 TITLE				Change	☐ Addition
NAME	DEAMER, FREDERICK G		2.2 NAME					
STHEET ANDRESS	757 SE 17TH ST CAUSEWA	AY #610	2 3 STREE	I ADDRESS				
C(++-\$1 - Z(P) 1:1(F	FT LAUDERDALE FL 33316	☐ DELETE	2 4 CITY-	ST-ZIP		F	7.0	Fin a series
NAME	DEAMER, ANDREW M	☐ percie	3 1 TIFLE 3 2 NAME			L	Change	Addition
STREET ADDRESS	757 SE 17TH ST CAUSEWA	\Y # 610		T ADDRESS				
GiTY ST ZIP	FT LAUDERDALE FL 33316		3.4 CITY-					
TITLE	, K	☐ DELFTE	4. 1 TITLE				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	F ADDRESS				,
C IY - \$1 - 7 P		F) Division	4.4 CITY-	ST-ZIP			-	
TITLE NAME		☐ DELETE	5 1 THILE 52 NAME			L	Change	☐ Addition
STREET ADDRESS				I ADDRESS				
CHY SI-ZiP			5 4 CITY-					
THUE		☐ DELFTE	6 1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREE	I ADDRESS				
CHY-ST ZIP			6.4 CITY-			7-4		
certify that oath, that I	the information indicated on this anr	iual report or supplemental ann oration or the receiver or truste	iual report is tr e empowered	ue and accur	for the exemption stated in Section 11 rate and that my signature shall have the nis report as required by Chapter 607, it	e same legal	effect as r	f made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/96

954-524-3659 Deptine Phone •