FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

1996

DIVISION OF CORPORATIONS P94000030898 (8)

DOCUMENT #

MAR LO & COMPANY, INC.

A 1801/00: 145 (BILL CIO): DONE DONE BOND COM BOLES (1)(4 DELT) (BILL (BILL (BILL (BILL

Principal Place of Business Mailing Address							I (A DII DAL 210 (All) AIDIL #BEST A	OIII 2011 94	186 11111 88181 1	
			1012 20TH PLACE VERO BEACH FL 32960							
							3. Date Incorporated or Qualified			
2. Principal Pla	ace of Business	2a. Mail	2a. Mailing Address				4. FEI Number 65-0488372	Applied For Not Applicable		
Suite, Apt 1	#, etc.	+	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Orty & State	9	City 28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	<i>Ζ</i> φ 29	Z _I p Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
<u></u>	g. Name and Address of C		d Agent				10. Name and Address of New	Registere	ed Agent	
					81	Name				
	CKWICH, ALAN S JR INDIAN RIVER BLVD				82	Street Ad	ress (P.O. Box Number is Not Acceptable)			
	BEACH FL 32960				83					
				ļ	84	City		F	85 Z	Zip Code
familiar wit	th, and accept the obligations of	, Section 607.050f	o, Florda Statutes	i.			hard of directors. Thereby accept the appropriate resistance. ADDITIONS/CHANGES TO OF	[)A]		
12.		OFFICERS AND DIRECTORS PD		ELĒTĒ 1 1 T		T	700111011010101111020 10		Change	
NAME	HOOVER, LOIS M			1.2 NA						
STREET ADDRESS	1012 20TH PLACE					ADORESS				
CITY-ST-ZIP	VERO BEACH FL 3296	60		14C-						
TITLE	STD		DELETE	2 11			P.S.T.D		Change	Addition
NAME	ZALEUKE, MARY B			2 2 N	ME	Ž	ARY'B			
STREET ADDRESS	1012 20TH PLACE			2 3 ST	HEET	ADDRESS	DID DOG! PINCE	. ^		
CITY - S1 - ZIP	VERO BEACH FL 3290	80		2 4 0	1 Y - \$	1-ZIP Y	ERD BEACH, Fl 329	60		
TITLE			DELETE	3 1 1			·		☐ Change	e 🔲 Addition
NAME				3 2 N						
STREET ADDRESS						FADORESS				
CITY-ST ZIP			☐ DELETE	34 CI		H · ZIP			Change	e
TITLE			C Detert	1 4 2 N						
NAME.						ACORESS				
STREET ADDRESS						11 - ZIP				
CITY - ST - ZIP			☐ DELETE	5 1 T		,,			Change	e 🔲 Addition
NAME				52 N						
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CITY-ST-ZIP				54C	ITY S	ST - ZiP				
TITLE			DELETE	6 1 T	TILE		·		☐ Chang	e 🔲 Addition
NAME				62 N	AME					
				0214						
STREET ADDRESS						r address				

receipt 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 michanged, or on an attachment with an address.

SIGNATURE: 7

MARY BZAIEUKE 4/15/96 LYDT) 563-4868