

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serving the People
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000031774 (0)

1. Corporation Name

MARAIN REALTY INC.

95 MAY -1 PM 2:13

REC'D DIVISION OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Incorporation

160 MALABAR RD SW #116
PALM BAY FL 32907

Mailing Address

POB 500101
MALABAR FL 32950-0101

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation (or Date of Change)		3a. Date of Last Report	
04/22/1994			
4. FEI Number		Applied For	
54-3265468		Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.02, Florida Statutes.		☐ Yes ☒ No	
21. State Apt. # etc.	22. City & State	23. Zip	24. Country
25. State Apt. # etc.	26. City & State	27. Zip	28. Country
29. State Apt. # etc.	30. City & State	31. Zip	32. Country

9. Name and Address of Current Registered Agent

MARSHALL, GERALD P
160 MALABAR RD SW #116
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0542 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 Sections 607.0505, Florida Statutes.

SIGNATURE:

(If done, name of person who registered agent's position is changed)

(If done, Registered Agent's name and address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D MARSHALL, GERALD P	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	POB 101 NA	2. STREET ADDRESS	
3. CITY, ST, ZIP	MALABAR FL 32950	3. CITY, ST, ZIP	
4. NAME	D AINBINDER, RICHARD	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	6235 CAPSTAN CT	5. STREET ADDRESS	
6. CITY, ST, ZIP	ROCKLEDGE FL 32955	6. CITY, ST, ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information and data on the 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. I am a resident of the State of Florida and I am not a resident of any other state with an address.

SIGNATURE: *Richard Ainsbinder* V.P. Richard Ainsbinder 4/26/95 407-729-6818
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR