

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000067424 (9)

1. Corporation Name

MARDER & ASSOCIATES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
784 ST ALBANS DR BOCA RATON FL 33486 US		784 ST ALBANS DR BOCA RATON FL 33486 US	
2. Principal Place of Business		2a. Mailing Address	
21 11041 BLUE CORAL DR. Suite, Apt. #, etc.		26 11041 BLUE CORAL DR. Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 BOCA RATON FL		28 BOCA RATON FL	
24 33498 25 USA		29 33498 30	
9. Name and Address of Current Registered Agent			
MARDER, DAVID S. 784 ST ALBANS DR BOCA RATON FL 33486			

3. Date Incorporated or Qualified	
09/12/1994	
4. FEI Number	Applied For
65-0525583	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81 Name	
DAVID S. MARDER	
82 Street Address (P.O. Box Number is Not Acceptable)	
11041 BLUE CORAL DR.	
83	
84 City	85 Zip Code
BOCA RATON	FL 33498

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		Signature of president, officer, or registered agent and title (Type name)		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
	DVT	MARDER, DAVID	784 ST ALBANS DR BOCA RATON FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
	DPS	MARDER, SHERRY	784 ST ALBANS DR BOCA RATON FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME							
1.3 STREET ADDRESS	11041 BLUE CORAL DR.						
1.4 CITY-ST-ZIP	BOCA RATON FL 33498						
2.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME							
2.3 STREET ADDRESS	11041 BLUE CORAL DR						
2.4 CITY-ST-ZIP	BOCA RATON FL 33498						
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. I 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 on an attachment with an address.

CR2E034 (10/97)