

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 11: 24

DOCUMENT # P94000071827 (7)

1. Corporation Name
MARCELL'S SALES AND SERVICE, INC.

Principal Place of Business: **3804 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**
Mailing Address: **3804 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date of Filing: **09/26/1994** 3a. Date of Last Report

2. Filing Agent Name	2a. Mailing Address	4. FIF Number	Applied Fee
21	26	59-3268362	Not Applicable
22. Filing Agent Address	27. State Agent Address	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Filing Agent City	28. Filing Agent City	6. This Year Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Filing Agent State	29. Filing Agent Zip	30. Filing Agent City	8. This Corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUROKER, PAUL 3804 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32804		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL
	85. Zip Code		

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office or principal place of business 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 aware and accept the obligations of Sections 607 through 609, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	D BUROKER, PAUL 3804 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32804	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		14. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and validly for the corporation, signed as follows: (1) (2) (3) Florida Statutes. I further certify that the information submitted 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 this is an officer or director of the corporation, or the name of an officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1 of this report.

SIGNATURE: *Paul W. Buroker* 4-26-95 707-295-7569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING ON DIRECTOR