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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085951 (9)

1. Corporation Name

MARS FINANCE COMPANY, INC.



Principal Place of Business

Mailing Address

~~1000 GATEWAY DR #1000~~
MELBOURNE FL 32901

~~1000 GATEWAY DR #1000~~
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

21 1688 W. Hibiscus Blvd.

26 1688 W. Hibiscus Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

25

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, ARTHUR F III

~~1333 GATEWAY DR #1000~~
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1688 W. Hibiscus Blvd.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 (Type or printed name of registered agent and title of corporation)

Signature (Type or printed name of registered agent and title of corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME HELDRETH, JOHN M

STREET ADDRESS ~~1000 GATEWAY DR #1000~~

CITY-ST-ZIP ~~MELBOURNE FL 32901~~

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2075 N. Wickham Road

Melbourne, FL 32935

TITLE ☐ DELETE

21 TITLE

NAME EVANS, ARTHUR F III

STREET ADDRESS ~~1000 GATEWAY DR #1000~~

CITY-ST-ZIP MELBOURNE FL 32901

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

1688 W. Hibiscus Blvd.

TITLE ☐ DELETE

31 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

41 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

51 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

61 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Placeholder

CR2E034 (12/95)