

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P94000093015 (3)**

1. Corporation Name

MARCIN ENTERPRISES, INC.



Principal Place of Business 2473 PINE WOOD CIRCLE NAPLES FL 33942 US	Mailing Address 2473 PINWOOD CIRCLE NAPLES FL 34105-2537 US
----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

2. Principal Place of Business 21 3861 11th Ave SW Suite, Apt. #, etc.		2a. Mailing Address 26 3861 11th Ave SW Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last Report 05/01/1996
22 City & State 23 Naples FL Zip Country		27 City & State 28 Naples FL Zip Country		4. FEI Number 65-0547553	Applied For Not Applicable
24 34117 25 USA		29 34117 30 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent BLAKEMORE, CINDY 2473 PINWOOD CIRCLE NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name BLAKEMORE CINDY 82 Street Address (P.O. Box Number is Not Acceptable) 3861 11th Ave SW 83 84 City Naples 85 Zip Code 34117		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAKEMORE, CINDY		1.2 NAME Cindy Blakemore	
STREET ADDRESS 2473 PINWOOD CIRCLE		1.3 STREET ADDRESS 3861 11th Ave SW	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Naples, FL 34117	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAKEMORE, THOMAS		2.2 NAME Thomas Blakemore	
STREET ADDRESS 2473 PINWOOD CIRCLE		2.3 STREET ADDRESS 3861 11th Ave SW	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP Naples FL 34117	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE:

Blakemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97
Date

941-352-4000
Daytime Phone #

0412696

CR2E034 (9/96)