

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025488 (4)

1. Corporation Name

MARUSS INC.



Principal Place of Business

11980 REEDY CREEK DR.
APT. 305
ORLANDO FL 32836

Mailing Address

11980 REEDY CREEK DR.
APT. 305
ORLANDO FL 32836

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 7270 WESTPARK BLVD

Suite, Apt. #, etc.

22 AA # 921

City & State

23 ORLANDO FLORIDA

Zip

24 32835

Country

25 USA

2a. Mailing Address

26 7270 WESTPARK BLVD

Suite, Apt. #, etc.

27 AA # 921

City & State

28 ORLANDO FLORIDA

Zip

29 32835

Country

30 U.S.A

4. FEI Number

59-3304798

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, ROBERT G
11980 REEDY CREEK DR.
APT. 305
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

MARTIN GALLAGHER

82 Street Address (P.O. Box Number is Not Acceptable)

7270 WESTPARK BLVD #921

83

84

City

ORLANDO

FL

85 Zip Code

32835

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-28-96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALLAGHER, MARTIN J
STREET ADDRESS 16 DUDWELL CLOSE SMITHILLS
CITY-ST-ZIP BOLTON, LANCS, ENGLAND BL1-6FA

TITLE S ☐ DELETE

NAME GALLAGHER, SUSAN C
STREET ADDRESS 16 DUDWELL CLOSE SMITHILLS
CITY-ST-ZIP BOLTON, LANCS, ENGLAND BL1-6FA

TITLE V ☐ DELETE

NAME HOWARD, RUSSELL F
STREET ADDRESS 41 STANMER VILLAS BRIGHTON
CITY-ST-ZIP EAST SUSSEX, ENGLAND BN1-7HQ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GALLAGHER, MARTIN J
1.3 STREET ADDRESS 16 DUDWELL CLOSE
1.4 CITY-ST-ZIP 7270 WESTPARK BLVD #921
ORLANDO FL 32835

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SUSAN GALLAGHER
2.3 STREET ADDRESS 7270 WESTPARK BLVD #921
2.4 CITY-ST-ZIP ORLANDO FL 32835

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

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

4-28-96 407-295-2879
Date Daytime Phone #

CR2E034 (12/95)