

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 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 # P95000025488 (4)

1. Corporation Name
MARUSS INC.

Principal Place of Business

7270 WESTPOINTE BLVD
APT. #921
ORLANDO FL 32835
US

Mailing Address

7270 WESTPOINTE BLVD
APT. #921
ORLANDO FL 32835
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3304798
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 14566 QUAIL TRAIL CIR
Suite, Apt. #, etc.

22

23 City & State ORLANDO

24 Zip FL 32837 Country ORLANDO

2a. Mailing Address
26 14566 QUAIL TRAIL CIR
Suite, Apt. #, etc.

27

28 City & State ORLANDO

29 Zip FL 32837 Country ORLANDO

9. Name and Address of Current Registered Agent

GALLAGHER, MARTIN
7270 WESTPOINTE BLVD.
#921
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name GALLAGHER MARTIN
82 Street Address (P.O. Box Number is Not Acceptable) 14566 QUAIL TRAIL CIRCLES
83
84 City ORLANDO FL 85 Zip Code 32837

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 in 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]* 15 SEP 97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	GALLAGHER, MARTIN J	7270 WESTPOINTE BLVD., #921	ORLANDO FL	<input type="checkbox"/>
S	GALLAGHER, SUSAN C	7270 WESTPOINTE BLVD., #921	ORLANDO FL	<input type="checkbox"/>
V	HOWARD, RUSSELL F	41 STANMER VILLAS, BRIGHTON	EAST SUSSEX, ENGLAND BN1-7HQ	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	GALLAGHER MARTIN J	14566 QUAIL TRAIL CIRCLES	ORLANDO FL 32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	GALLAGHER SUSAN C	14566 QUAIL TRAIL CIRCLES	ORLANDO FL 32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	14519 MUSKET FIRE LANE	ORLANDO FL	32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *[Signature]* 15 SEP 1997 407 860 9327

CR2E034 (4/97)