

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14566 QUAIL TRAIL CIR Suite, Apt. #, etc. 22 City & State 23 ORLANDO Zip 24 FL 32837 Country 25 ORANGE	2a. Mailing Address 26 14566 QUAIL TRAIL CIR Suite, Apt. #, etc. 27 City & State 28 ORLANDO Zip 29 FL 32837 Country 30 ORANGE
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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  
 (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GALLAGHER MARTIN J	
1.3 STREET ADDRESS	14566 QUAIL TRAIL CIRCLES	
1.4 CITY-ST-ZIP	ORLANDO FL 32837	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GALLAGHER SUSAN C	
2.3 STREET ADDRESS	14566 QUAIL TRAIL CIRCLES	
2.4 CITY-ST-ZIP	ORLANDO FL 32837	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOWARD, RUSSELL F	
3.3 STREET ADDRESS	41 STANMER VILLAS, BRIGHTON	
3.4 CITY-ST-ZIP	EAST SUSSEX, ENGLAND BN1-7HQ	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 407 850 9327

CR2E034 (4/97)