

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000027386
1. Corporation Name

Tammi J. Marcy Inc.



Principal Place of Business: 1359 NW 81 Terr. Plantation, FL 33322
Mailing Address: 1359 NW 81 Terr. Plantation, FL 33322

By lot

2. Principal Place of Business: Suite, Apt #, etc; City & State; Zip; Country
2a. Mailing Address: Suite, Apt #, etc; City & State; Zip; Country

3. Date Incorporated or Qualified: 4-3-95
4. Date of Last Report: 5-1-96
5. FEI Number: 65-0569997
6. Certificate of Status Desired: \$8.75 Additional Fee Required
7. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: DeFrancisco Tammi J. 1359 NW 81 Terr. Plantation, FL 33322

10. Name and Address of New Registered Agent: 01 Name; 02 Street Address; 03 City; 04 Zip Code

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.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable; NOTE: Registered Agent signature required when terminating; DATE

12. OFFICERS AND DIRECTORS

01	DEFRANCISCO, TAMMI J.	1359 NW 81 Terr. Plantation FL 33322	<input type="checkbox"/> DELETE
02			<input type="checkbox"/> DELETE
03			<input type="checkbox"/> DELETE
04			<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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5/14/97

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 13, or is changed, or on an attachment with an address.

SIGNATURE: Tammi J. DeFrancisco 4/28/97 954-524-8666