

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



9/10/97

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
4-3-95

4. Date of Last Report
5-1-96

5. FEI Number
65-0569997

Applied For
Not Applicable

Suite, Apt # etc

Suite, Apt #, etc

6. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

7. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DeFrancisco Tammi J.
1359 NW 81 Terr.
Plantation, FL 33322

01 Name

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

04 City

FL

05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01	DEFRANCISCO, TAMMI J. 1359 NW 81 Terr. Plantation FL 33322	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02		1.2 NAME	
03		1.3 STREET ADDRESS	
04		1.4 CITY-ST-ZIP	
05		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06		2.2 NAME	
07		2.3 STREET ADDRESS	
08		2.4 CITY-ST-ZIP	
09		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		3.2 NAME	
11		3.3 STREET ADDRESS	
12		3.4 CITY-ST-ZIP	
13		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		4.2 NAME	
15		4.3 STREET ADDRESS	
16		4.4 CITY-ST-ZIP	
17		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		5.2 NAME	
19		5.3 STREET ADDRESS	
20		5.4 CITY-ST-ZIP	
21		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		6.2 NAME	
23		6.3 STREET ADDRESS	
24		6.4 CITY-ST-ZIP	

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***165.00

CS
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 of this report, or on an attachment with an address.

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