

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.)

APPROVED  
AND  
FILED  
pg. 1 of 2

97 AUG 22 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000075607 (8)**

1. Corporation Name  
**MARMAC ENTERPRISES, INC.**

Principal Place of Business  
**3886 DORRIT AVENUE  
BOYNTON BEACH FL 33436**

Mailing Address  
**3886 DORRIT AVENUE  
BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>10/02/1995</b>  |  | 3a. Date of Last Report<br><b>05/23/1996</b> |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0628656</b>  |  | Applied For<br>Not Applicable                |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |  |  |    |             |
|---|--|--|--|--|--|----|-------------|
| 9. Name and Address of Current Registered Agent<br><b>MARIANO, ROBERT<br/>3886 DORRIT AVENUE<br/>BOYNTON BEACH FL 33436</b> |  |  |  | 10. Name and Address of New Registered Agent |  |    |             |
|   |  |  |  | 81   | Name   |    |             |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |             |
|   |  |  |  | 83   |  |    |             |
|   |  |  |  | 84   | City   | FL | 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |   |                                 |  |   |   |  |  |
|----------------------------|---|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS |   |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |  |
| TITLE                      | <b>D</b>                                | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>MARIANO, ROBERT</b>                  |                                 |  | 1.2 NAME  |   |  |  |
| STREET ADDRESS             | <b>3886 DORRIT AVENUE</b>               |                                 |  | 1.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL</b>                 |                                 |  | 1.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | <b>D</b>                                | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>MACALPINE, JAMES W</b>               |                                 |  | 2.2 NAME  |   |  |  |
| STREET ADDRESS             | <b>2935 GROSLEY DRIVE, WEST, UNIT F</b> |                                 |  | 2.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL 33415</b>         |                                 |  | 2.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |   |                                 |  | 3.2 NAME  |   |  |  |
| STREET ADDRESS             |   |                                 |  | 3.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |   |                                 |  | 3.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |   |                                 |  | 4.2 NAME  |   |  |  |
| STREET ADDRESS             |   |                                 |  | 4.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |   |                                 |  | 4.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |   |                                 |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS             |   |                                 |  | 5.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |   |                                 |  | 5.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |   |                                 |  | 6.2 NAME  |   |  |  |
| STREET ADDRESS             |   |                                 |  | 6.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |   |                                 |  | 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.

CR2E034 (4/97)

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# MARMAC ENTERPRISES, INC.

3886 DORRIT AVENUE  
BOYNTON BEACH, FLORIDA  
TEL/FAX 407-433-3441

## 900 NUMBER SPECIALIST

20 August 1997

Florida Department of State  
Divisions of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

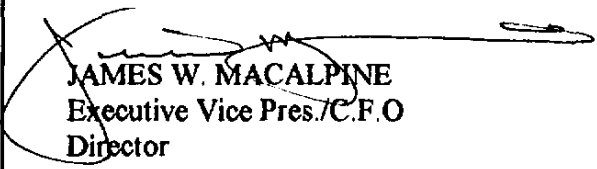
RE: MARMAC ENTERPRISES, INC.

Ref. Number: P95000075607

Per your letter dated July 31, 1997, I hereby request a waiver of the late fee due to non receipt of the First Notice Annual Report.

Thank you.

SINCERELY,

  
JAMES W. MACALPINE  
Executive Vice Pres./C.F.O  
Director

