

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075780 (3)

1. Corporation Name

MARSTLEY INCORPORATED

Principal Place of Business

2600 S.W. 27 AVENUE
MIAMI FL 33133

Mailing Address

2600 S.W. 27 AVENUE
MIAMI FL 33133



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

4. FCI Number

59-3367341

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, MARLENE T
2600 S.W. 27 AVENUE
MIAMI FL 33133

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

Signature of principal officer or director of corporation or registered agent

Signature of Registered Agent (required when registered agent is not a corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

TATHAM, THOMAS L
2600 S.W. 27 AVENUE
MIAMI FL 33133

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRES. DIRECTOR

☒ Change

☐ Addition

1.2 NAME

MARLENE T. TAYLOR

1.3 STREET ADDRESS

2600 SW 27 AV.

1.4 CITY - ST - ZIP

MIAMI, FL. 33133

2.1 TITLE

VPRES. DIRECTOR

☐ Change

☒ Addition

2.2 NAME

STACY M. TAYLOR

2.3 STREET ADDRESS

2600 SW 27 AV

2.4 CITY - ST - ZIP

MIAMI, FL. 33133

3.1 TITLE

SEC-TRES. DIRECTOR

☐ Change

☒ Addition

3.2 NAME

LESLEY M. TAYLOR

3.3 STREET ADDRESS

2600 SW 27 AV

3.4 CITY - ST - ZIP

MIAMI, FL. 33133

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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:

Marlene T. Taylor

MARLENE T. TAYLOR

4-28-96 (305) 446-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)