SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000094553 (1)

MARONYX, INC.

						. 11 2 4164 NA 14141 ANN ANN ANN ANN ANN ANN ANN ANN ANN AN	
Principal Place of Business Mailing Address						- I I DEFINER IN FERM THAN BOWN BOWN BOWN BOWN BRIDE BRIDE SHOW	
	verline RD #D 3CH FL 33069		1591 N POWERLINE RD #D POMPANO BCH FL 33069				
				c		3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1995	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number Applied For	
21		26				65-0630765 Not Applicable	
Suite, Apt	#, etc.	Suite, A	upt #, etc			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	e	City & 5	State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zıp	Country	Zip	[Country		8. This corporation has liability for intangible tax under s. 199 032.	
24	25 29 30		<u> </u>		Florida Statutes Yes 🔥 No		
	9. Name and Address of Curren	nt Registered Ag		04		10. Name and Address of New Registered Agent	
P/	ARISE, MARIE JOSEE		SAME REGISTERED		Name	PARISE, MALIE-JOSEE	
1198 HILLSBORO MILE A1A HILLSBORO BEACH FL 33062		NEW ADDRESS			Street A	ddress (P.O. Box Number is Not Acceptable) イト N-W・ 477h TELLACE,	
n	ELSBONO BEACH PL 55002				į .	Do # 216	
					City	1 85 Zip Code _	
				84	LAUD	DERDALE LAKES FL $ 33319 $	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was auth	iorized by:	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
	Signature, typed or printed came of registered age		(NOTE R		ug a čluginte te	equired when reinstating! DATE	
12.		ID DIRECTORS	DELETE	13.	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	L.		1 1 TIFLE 1 2 NAME		Enlarge Musicum	
NAME STREET ADDRESS	PARISE, MARIE J	#040		1 3 STREET	ADDRESS 3	3341 N.W. 47Th TERRACE, CONDO \$ 216	
CITY-ST-ZIP	1198 HILLSBORO MILE A1A			14 CITY - S	T 20	LANDERDALE LAKES - FL-33319	
TITLE	HILLSBORO BEACH FL 330	<u> </u>	DELĒTE	21 TITLE	11 - 211	Change Addition	
NAME		L		2.2 NAME			
STREET ADDRESS				2 3 STREET	ADDRESS		
CITY-\$T-ZIP				2 4 CHTY - 5	ŧ		
TITLE			DELETE	3 1 TITLE		Change Addition	
NAME		_	_	3.2 NAME			
STREET ADDRESS				3 3 STREET	ADDRESS		
CITY - ST - ZIP				34 CiTY-5	ST-ZIP		
TITLE			DELETE	4 1 TITLE		Change Addition	
NAME				4 2 NAME			
STREET ADDRESS				43 STREET	ADDRESS		
CITY - ST - ZIP				4.4 CITY - S	ST - 21P		
TITLE			DEFELE	5 1 TITLE	1	Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREET	ACORESS		
CITY - ST - ZIP				6 4 CITY - S	ST - 24P		
TITLE		[DELETE	61 TIILE		Change Addition	
NAME				62 NAME			
STREET ADDRESS				63STREET	ADDRESS		
CITY-ST-ZIP				6.4 CiTY - 9			
14. I do herel	by certify that the information supplie	a with this filing i	s voluntarily furnis	shed and	does not q	qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1	

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 617, Florious Statutes, and that my name appears in Block 12 or Block 13 if changed, for on an attachment with an address

GNATURE:

| SIGNATURE | SIGNAT