

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P96000012422 (7)

1. Corporation Name  
**MAR SIG TIN, INC.**



Principal Place of Business  
**2100 SOUTH OCEAN DRIVE  
APT. 8-A  
FORT LAUDERDALE FL 33316**

Mailing Address  
**2100 SOUTH OCEAN DRIVE  
APT. 8-A  
FORT LAUDERDALE FL 33316-3817**

2. Principal Place of Business  
21 1507 N. FED. Hwy  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23 FT. LAUDERDALE, FL

27 City & State  
28

24 Zip  
33304

29 Zip  
30

9. Name and Address of Current Registered Agent  
**DICKENS, MARY E  
2100 SOUTH OCEAN DRIVE  
APT. 8-A  
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	DICKENS, MARY E	2100 SOUTH OCEAN DRIVE	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

*Mary E. Dickens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

954-630-0030

Date

Daytime Phone #

0274943

CR2E034 (9/96)