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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028841 (0)

1. Corporation Name
MARLEMAR, INC.



Principal Place of Business
1857 WOODHAVEN CIRCLE
SARASOTA FL 34232

Mailing Address
1857 WOODHAVEN CIRCLE
SARASOTA FL 34232-3424

3. Date Incorporated or Qualified
03/27/1996

3a. Date of Last Report

2. Principal Place of Business
21 677 N. WASHINGTON BLVD
Suite, Apt. #, etc.

2a. Mailing Address
677 N. WASHINGTON BLVD
Suite, Apt. #, etc.

4. FEI Number
65-0717226

Applied For
Not Applicable

22 City & State
SARASOTA, FL

27 City & State
SARASOTA, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip
34236

28 Zip
34236

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Country
USA

30 Country
USA

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

BALL, ELIZABETH M
1857 WOODHAVEN CIRCLE
SARASOTA FL 34232

81 Name
BALL, ELIZABETH M.
82 Street Address (P.O. Box Number is Not Acceptable)
5220 MANE PLACE
83 APT 340
84 City
SARASOTA FL 85 Zip Code
34232

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]* D.K. BALL, PRESIDENT 1-13-97
Signature of person or persons named as registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTA T. BALL
1.3 STREET ADDRESS	27026 W. COVENTRY CT,
1.4 CITY - ST - ZIP	BARRINGTON, IL 60010
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* D.K. BALL, PRESIDENT 1-13-97 941-952-0076
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)