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

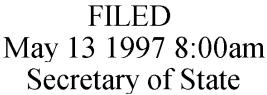
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortĥam

Secretary of State
DIVISION OF CORPORATIONS



1997 DIVISION OF CORPORATIONS DOCUMENT # P96000033098 (0)									
	MARDS, INC.	JU33U98	(U)			1 18811 WELL 178 18110 OHHI BENI BENI BENI BENI	1 10 10 0 11 10 11 11 11 10 10 10 10 10 10 10 10	PY (0 10 10 1	(1) 1 30
Principal Place of Business Mailing Address									
3705 E BAY DRIVE STE 208 3705 E BAY DRIVE STE HOLMES BEACH FL 34217 HOLMES BEACH FL 342			E STE 208	}					
						3. Date Incorporated or Qualified 04/12/1996	3a. Date of	of Last Report	
		2a. Mailing Addi	ing Address			4. FEI Number			plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-066 4066	\$8		t Applicable Idditional
22		27				5. Certificate of Status Desired		ee Re	
City & Stat	de	City & State				Election Campaign Financing Trust Fund Contribution		5.00 kdded te	May Be o Fees
Zip 24	Country 25	Ζφ 29	30	Country	,	8. This corporation has liability for Florida Statutes	intangible tax ui Yes 🛣 No		199.032
	9. Name and Address of Curre			81		10. Name and Address of New Re			
PRETSCHNER, ROBERT M ESQ.					Name				
) SECOND ST STE 803 ASOTA FL 34236			82	Street Ac	ldress (P.O. Box Number is Not Acceptal	ole)		
) OAN	MOUTH FL 04200			83					
				84	City		65	Zip C	Code
dd Diwerran	A	00 1 007 1/ 00 1					PL :		
office or r	registered agent, or both, in the Stati	e of Flørida. Such char	ige was autho	orized by	the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of chan of the appointm	igirig its erit as i	s registered registered
SIGNATURE	am familiar with, and accept the oblig	gations or, Section 607	ubub, rigirda	Statutes	S.				
	Signature, typed or printed name of registered ag				ent signature re-	quired when reinstaling)	DATE		
12. TITLE	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		S IN 12 Addition
NAME	EDWARDS, LYDIA F			1.2 NAME]		_	J	
STREET ADDRESS	3705 E BAY DRIVE STE 208		1	1.3 \$14EET	ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL 34217			1.4 CITY - S	11 - ZIP		— — — — — — — — — — — — — — — — — — —		T Saution
TITLE NAME		ں ر		21 TITLE 22 NAME			∟ v	hange	Addition
STREET ADDRESS				2351REE1	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	S1 - ZIP				
TITLE		DI		3.1 DITLE			[<u></u>] c	hange	Addition
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Criy-ST-ZIP				3.4 CITY-5					
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NAME			J	4 2 NAME	(
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP TITLE			4.4 CIT		57 - ZIP		Пс	hange	Addition
NAME		الا إلى		5.1 HILE 5.2 NAME			□,	· icanigle	Augilion
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STREET ADDRESS	4			5.3 STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				5.3 STREET 5.4 CITY - S					
CITY-ST-ZIP TITLE			TETE	5 4 CITY - \$ 6.1 TITLE			Пс	hange	Addition
CITY-ST-ZIP TITLE NAME		<u></u> 0	TETE	5 4 CITY - S 6.1 TITLE 6.2 NAME	5T - 7IP		□ c	hange	Addition
CITY-ST-ZIP TITLE		Dυ	TETE	5 4 CITY - \$ 6.1 TITLE	ADDRESS		Пс	hange	Addition

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusten 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.

OLONATURE.

TEN TO

1/1/97