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

DOCUMENT # P96000050825 (4)

	MARR C	CORPORA	ATION OF SOL	JTH FLORID	A								
Principal Place of Business Mailing Address 12101 GARDEN LAKE CIR 0DESSA FL 33556 ODESSA FL 33556-\$140										7.	1 6 010 1 46)	99191 1917 8 14 78	, a (1) 1004
										3. Date Incorporated or Qualified 06/12/1996	3a. Da	te of Last Re	eport
2.	Principal P	lace of Busi	ness	28.	Mailing Address					4. FEI Number		Ap	plied For
21				26						59-338756	2		t Applicable
22					Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re	
<u> </u>	City & State	e		····	City & State			•		6. Election Campaign Financing	C1	\$5.00	
23	7		Country	28	2.0	1 Co.				Trust Fund Contribution		Added t	
	Zip	իտուլ ՝ իտուլ ՝ իտուլ				 	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	***************************************	o Name	25 and Address of (red Ageni	30	T-			10. Name and Address of New Re			
 -							61	Name					
RODGERS, MICHAEL J 12101 GARDEN LAKE CIR							82	Street	Addre	dress (P.O. Box Number is Not Acceptable)			
ODESSA FL 33556							63	ļ				· · · · · · · · · · · · · · · · · · ·	
							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 the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											ourpose of oit the app	changing it ointment as	s registered registered
SI	GNATURE										DATE		
12		Signature, type	d or printed name of regist	ered agent and tillo it: RS AND DIRECT		13.	O Age	ant algnature	e require	d when reinetating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
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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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (8/3)9201247

FILED

May 08 1997 8:00am

Secretary of State

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