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 # P96000050963 (3)

Country

9. Name and Address of Current Registered Agent

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MARANTE, MARGARET B

M.B.MARANTE, INC.

Ζıp

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Principal Place of Business Mailing Address 4772 BERWYN COURT 4772 BERWYN COURT PALM HARBOR FL 34685 PALM HARBOR FL 34685-2618 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996 FEI Number 2a. Mailing Address 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution

Zip

29

4772 BERWYN COURT 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34685 83 City Zip Code

Country

81 Name

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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.

J							
SIGNATURE	Signature, Typed or printed name of regulared agent and little if	applicable (NOT	E: Registered Agent signature requi	ired when reinstaling) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
FITLE	D	DELETE	1.1 TITLE	□ C	hange	Addition	
NAME	MARANTE, MARGARET B		1.2 NAME				
STREET ADDRESS	4772 BERWYN COURT		1.3 STREET ADDRESS				
CITY - ST - ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		hange	Addition	
NAME			2.2 NAME	to the state of th			
STRLET ADDRESS			2.3 STREET ADDRESS				
City - ST - ZiP			2.4 CITY+ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	□ c	hange	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		hange	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-\$1-7IP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE		hange	Addition	
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIF			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 T∖TL€		hange	Addition	
NAME			6.2 NAME				
STREET ADDRESS		,	6.3 STREET ADDRESS				
CITY-ST-ZIP			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

SIGNATURE:

1-31-97 813-944-2727

Applied For

Fee Required

Added to Fees

Not Applicable

FILED

Jan 31 1997 8:00am

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Yes No

Secretary of State