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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000053124 (9)**

1. Corporation Name
MARGELEN MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
340 N. ORANGE AVE. ORLANDO FL 32801	340 N. ORANGE AVE. ORLANDO FL 32801-1611

3. Date Incorporated or Qualified: 06/21/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 105 E. Robinson,Suite 201
Suite, Apt. #, etc.
22: Suite 210
City & State
23: Orlando , FL
Zip 24: 32801 Country 25: USA

2a. Mailing Address
26: P. O. Box 3628
Suite, Apt. #, etc.
27:
City & State
28: Orlando, FL
Zip 29: 32802-3628 Country 30: USA

4. FEI Number: 59-3389582 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, THOMAS R
340 N. ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Thomas R. Allen
82 Street Address (P.O. Box Number is Not Acceptable): 105 E. Robinson, Suite 201
83:
84 City: Orlando **FL** 85 Zip Code: 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LEONARD E 1603 E. MARKS ST. ORLANDO FL 32803	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P Williams, Leonard E. 1603 E. Marks St. Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LEONARD E JR. 1603 E. MARKS ST. ORLANDO FL 32803	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/S/TVP Williams, Leonard E., Jr., 1603 E. Marks St. Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MICHAEL J 1603 E. MARKS ST. ORLANDO FL 32803	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VP Williams, Michael J 1603 E. Marks St. Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JOHN A 1603 E. MARKS ST. ORLANDO FL 32803	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/Ex.VP Williams, John A. 1603 E. Marks St. Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/VP Williams, Marjorie H. 1603 E. Marks St. Orlando, FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Williams, James D. 1603 E. Marks St. Orlando, FL 32803	☐ Change ☒ Addition

CR2E034 (9/96)

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: _____ Leonard E. Williams, Pres 1-16-96 407-851-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #