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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000063848 (1)

1. Corporation Name  
MARLA & JOE, INC.



Principal Place of Business  
13708 ALDSWORTH COURT  
WELLINGTON FL 33414

Mailing Address  
13708 ALDSWORTH COURT  
WELLINGTON FL 33414-5043

3. Date Incorporated or Qualified 07/30/1996  
3a. Date of Last Report

2. Principal Place of Business

21 4064 Forest Hill Blvd  
Suite, Apt. #, etc.

26 Mailing Address

27 951 SW 4th Avenue  
City & State

FEL Number

05-06880609

Applied For  
Not Applicable

22 West Palm Beach FL  
City & State

28 Boca Raton FL  
City & State

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

24 33408  
Zip

29 33432-5803  
Zip

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 William J. Blakesberg, CPA  
82 Blakesberg & Co CPAs  
83 951 SW 4th Avenue  
84 Boca Raton, FL  
85 Zip Code 33432-5803

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 *William J. Blakesberg*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/10/97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	TAVAGLIONE, JOSEPH	
STREET ADDRESS	13708 ALDSWORTH COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Redman, Marla	
STREET ADDRESS	13708 Alldsworth Court	
CITY-ST-ZIP	Wellington, FL 33414	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: *Joseph Tavaglione*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97  
Date

561-964-4334  
Daytime Phone #

CR2E034 (9/96)