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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066905 (6)

FILED Feb 02 1998 8:00am Secretary of State

MAREL	LE SERVICES, INC.					
)
Principal Plac	on of Business	Mailing Address			-{	IIND RUIND (CUIN BOND) BIIN IBBN
Principal Place of Business Mailing Address 1107 S.W. 149TH LANE 1107 S.W. 149TH LANE			ANC			
SUNRISE FL 33326 SUMRISE FL 33326					1	
					DO NOT WRITE IN THI	S SPACE
	•				3. Date Incorporated or Qualified 08/07/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0699209	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,			C.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Α	City & State	City & State		6 Significant Sign	Fee Required
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the o	~
24	25	29	30		Personal Property Tax due June 30.	X Yes No
ļ	g. Name and Address of Curre	ent Registered Agent		<u> </u>	10. Name and Address of New Registere	d Agent
	ERO, MARY JO	_	81	Name ###		
12333 N.W. 18TH STREET, SUITE 5				Street Addre	ess (P.O. Box Number is Not Acceptable)	
PC	MBROKE PINES FL 33026-4386		63			
			[84]	City	F	L 85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida 5	Statutes, the above-	named corpo	pration 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						
12.	Signature, typed or printed name of registered as OFFICERS AN	gent and Ide if applicable ND DIRECTORS	(NOTE Registered Agont	s-gnalure required	d when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELET			ADDITION OF TANGED TO STITUTE AN	Change Addition
NAME	FAUCHER, MARILYN		1.2 NAME	1		
STREET ADDRESS	1107 SW 149TH LANE		1.3 STREET A	DDALSS		Ĭ
CITY-ST-ZIP	SUNRISE FL 3332		1.4 City-St-	7IP		
TITLE	VICE PEESIDENT	☐ DELET		Į		☐ Change ☐ Addition {
NAME	FACKHER, MACK 1107 SW 149 th LN		2.2 NAME			
STREET ADDRESS	SUHEISE, FL 33	222	2.3 STREET AL			
CITY-ST-ZIP	SUHEISE, FL 33	DELETI	2. 4 CFTY - ST - E 3.1 TITLE	- ZIP		Change Addition
NAME	ے کالدار		3.2 NAME	}		
STREET ADDRESS			3.3 STREET AL	DORESS		
CITY-ST-ZIP			3.4. CITY- ST-	ľ		
TITLE	☐ DELETE					☐ Change ☐ Addition
NAME			. 4. 2 NAME			ļ
STREET ADDRESS			4.3 STREET AL	DORESS		
CITY-ST-ZIP		T I progra	4.4 CITY - ST -	ZIP		Channel
TITLE		DELETI				Change Addition
NAME OXDECT ADDRESS			5.2 NAME	ppproc		
STREET ADDRESS			5.3 STREET AL			
TITLE		☐ DELETI	5.4 CITY - ST - 6.1 TITLE	TIL.		Change Addition
NAME -			6.2 NAME			
STREET ADDRESS			63 STREET AC	DDRESS		
CITY+ST-ZIP	_		6.4 C/TY-ST-	1		Ì
14. I bereby o	ertify that the information supplied y	with this filing does not gua			ection 119.07(3)(i) Florida Statutes Lifurther	pertify that the information

14. I 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 reviewer of trustee empoyered 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 en an intachment with an address.

CICMATURE, Y

with Sinsaker

1/2/198