

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000091352 (0)			
1. Corporation Name MARANDREAS CORPORATION			
Principal Place of Business 4749 DEL PRADO BLVD CAPE CORAL FL 33904		Mailing Address 4749 DEL PRADO BLVD CAPE CORAL FL 33904-9626	
2. Principal Place of Business 21 4729 DEL PRADO BLVD Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL, FL Zip 33904 Country		2a. Mailing Address 26 4729 DEL PRADO BLVD Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL, FL Zip 33904 Country	
9. Name and Address of Current Registered Agent SEEMANN, ERNEST A 4749 DEL PRADO BLVD CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name SEEMANN, ERNEST A 82 Street Address (P.O. Box Number is Not Acceptable) 4729 DEL PRADO BLVD 83 84 City CAPE CORAL, FL FL 85 Zip Code 33904	
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE: [Signature] DATE: 4/21/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSCHE, ANDREAS AM BIFANG 3A D85375 NEUFAHRN GERMANY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSCHE, MARION AM BIFANG 3A D85375 NEUFAHRN GERMANY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		700002159637 -04/30/97--01002--012 ***165.00	
SIGNATURE: [Signature]		02-04-97 0149-8165-66516	



CR2E034 (9/96)