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May 08 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 # P96000096968 (8)

1. Corporation Name

MRM & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4039 WATERVIEW LOOP
WINTER PARK FL 32782

4039 WATERVIEW LOOP
WINTER PARK FL 32782-7807

3. Date Incorporated or Qualified

11/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 473 N. PINE MEADOW DR

26 473 N. PINE MEADOW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 DEBARY FL

City & State
28 DEBARY FL

Zip

Country

24 32793

25 Volusia

Zip

Country

29 32713

30 Volusia

9. Name and Address of Current Registered Agent

MATUSKA-MEDERER, ROBERTA MATU
4039 WATERVIEW LOOP
WINTER PARK FL 32782

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Roberta Matuska-Mederer 4/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATUSKA-MEDERER, ROBERTA
STREET ADDRESS 4039 WATERVIEW LOOP
CITY-ST-ZIP WINTER PARK FL 32792

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: Roberta Matuska-Mederer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 (407) 668-4545
Date Daytime Phone # 0000643

CR2E034 (9/96)