

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 13 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000102848 (4)			
1. Corporation Name MARCHANTE ENTERPRISES, INC.			
Principal Place of Business 12950 DART FORD TRAIL APARTMENT 16 WELLINGTON FL 33414		Mailing Address 12950 DART FORD TRAIL APARTMENT 16 WELLINGTON FL 33414	
2. Principal Place of Business 21 12794 W. Forest Hill Blvd.		2a. Mailing Address 26 12794 W. Forest Hill Blvd.	
Suite, Apt. #, etc. 22 Suite #14B		Suite, Apt. #, etc. 27 Suite #14B	
City & State 23 Wellington, FL		City & State 28 Wellington, FL	
Zip 24 33414	Country 25 USA	Zip 29 33414	Country 30 USA
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name Aldo C. Marchante 82 Street Address (P.O. Box Number is Not Acceptable) 12950 Dart Ford Trail, Apt. 16 83 84 City Wellington 85 Zip Code FL 33414	
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 <i>Aldo C. Marchante</i> Aldo C. Marchante 7/22/97 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARCHANTE, ALDO C 12950 DART FORD TRAIL, APT 16 WELLINGTON FL 33414	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	100002270091--7 -08/18/97--01123--023 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARCHANTE, GRISEL M 12950 DART FORD TRAIL, APT 16 WELLINGTON FL 33414	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: <i>Aldo C. Marchante</i> Aldo C. Marchante, Pres. 7/22/97 (561) 793-6119			

CR2E034 (4/97)