


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057097 1. Entity Name MARMEL ASSOCIATES, INC.	
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Principal Place of Business 2615 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328	Mailing Address P.O. BOX 15728 PLANTATION, FL 33318-5728
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0854758	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STELNIK, MARK E 2615 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STELNIK, MARK E 2615 S. UNIVERSITY DR. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RAPPAPORT, MELBOURNE 2615 S. UNIVERSITY DR. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELNIK, REGINA 2615 S. UNIVERSITY DR. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPPAPORT, JOANNA 2615 S. UNIVERSITY DR. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000020976
01/29/04-80090-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Mark E. Stelnik, Pres.	1/19/04 <small>Date</small>	954 474-2800 <small>Daytime Phone #</small>
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