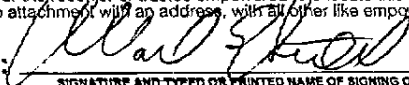


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057097		
1. Entity Name MARMEL ASSOCIATES, INC.		
Principal Place of Business 2615 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		Mailing Address P.O. BOX 15728 PLANTATION, FL 33318-5728
DO NOT WRITE IN THIS SPACE		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Mark E. Stelnik, President 2/23/06 954 474-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0854758** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

110000449722
03/19/06-80044-024 150.00

**DO NOT WRITE
IN THIS SPACE**