

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

95 JUL 18 AM 10:43

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mezhaff
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23043**
1. Corporation Name
Mar-Flite Associates, Inc.

Principal Place of Business: **1323 S.E. 17th Street Suite 156 Ft. Lauderdale, FL 33316**
Mailing Address: **same**

2. Principal Place of Business	2a. Mailing Address
21 State: Apt. # etc.	26 State: Apt. # etc.
22 City & State	27 City & State
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/91	3a. Date of Last Report 06/29/94
4. FEI Number 65-0233308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 190.037, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T Corporation System
1200 South Pine Island Dr.
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Cohen, John	2. NAME	
3. STREET ADDRESS	1323 S.E. 17th St. #156	3. STREET ADDRESS	
4. CITY & STATE	Ft. Lauderdale, FL	4. CITY & STATE	
5. TITLE	T/S/D	5. TITLE	
6. NAME	Sheinman, Cheryl	6. NAME	
7. STREET ADDRESS	1323 S.E. 17th St. #156	7. STREET ADDRESS	
8. CITY & STATE	Ft. Lauderdale, FL	8. CITY & STATE	
9. TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Sheinman, Steven	10. NAME	
11. STREET ADDRESS	1323 S.E. 17th St. #156	11. STREET ADDRESS	
12. CITY & STATE	Ft. Lauderdale, FL	12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and shown not qualify for the exemption stated in Section 190.037, Florida Statutes. I further certify that the information indicated in this annual report or supplementary annual report is true and correct and that my corporation 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 on Block 1, 2 or 3 of the block 1, 2 or 3 of changed or removed names with an address.

SIGNATURE:  **John Cohen, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 467-6374