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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** S52519 (3)Corporation Name MARCON INDUSTRIES CORPORATION Principal Place of Business Maling Address 2520 N.W. 16TH LANE 3840 W HILLSBORO BLVD SUITE 181 POMPANO BEACH FL 33064 DEERFIELD BCH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1991 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0267764 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees Zio Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONAWAY, MARY Street Address (P.O. Box Number is Not Acceptable) 4274 N.W. 2ND COURT **DEERFIELD BEACH FL 33442** 83 84 Crty Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, by od or printed has not of registered agent and the it application (NOTE: Registered Agend's gnature required when reinstating) CIATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE P DELETE 1.1 DILE ☐ Change Addition NAME CONAWAY, MARY 1.2 NAME STREET ADDRESS 4274 NW 2ND COURT 1.3 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 1.4 CITY - ST - ZIP TITLE DEL ETE 2 1 TICLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 24 CITY-ST ZIP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 3.4 City St-Zip TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CHTY - \$1 - ZIP TIFLE DELETE 5 1 THILE Change ncitibbA [NAME 5.2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE 6 1 THE Change ☐ Add:tion NAME 6.2 NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)tk). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 O(TY - \$1 - Z(P)

CHTY-ST-ZIP

SIGNATURE AND THE O OR PRINTED NAME OF SIGNING

MARY CONAWAY 4/15/AL (954) 481-1824

CR2E034 (12/95)