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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S68280

(4)

1. Corporation Name  
MARDALE, INC.



Principal Place of Business  
11192 56TH PLACE NO.  
ROYAL PALM BEACH FL 33411

Mailing Address  
1120 ROYAL PALM BCH. FL  
393  
ROYAL PALM BEACH FL 33411  
US

3. Date Incorporated or Qualified 07/24/1991  
3a. Date of Last Report 08/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1128 Royal Palm Bch Blvd

22 City & State

27 393

23 Zip

Country

28 Royal Palm Beach, FL

24 Zip

Country

29 33411

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHALHOUB, ROBERT M.W.  
250 AUSTRALIAN AVE S  
SUITE 1107  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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

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 D PELFREY, DALE  
STREET ADDRESS 11192 56TH PLACE NO.  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME D PELFREY, MARIE M.  
STREET ADDRESS 11192 56TH PLACE NO.  
CITY-ST-ZIP WEST PALM BEACH FL

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: *Marie M. Pelfrey* Marie M. Pelfrey 428.87 401-793-7710

CR2E034 (9/96)