FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT Secretary of Sta 1997 DIVISION OF CORPOR						Secretary of State				
DOCUI	MENT # S824	01 (8)	2 407								
MARLYN	N S. ASSOCIATES, INC.										
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D-111 Olsa	a at Division	A de Uliver de allebra de									
Principal Place of Business Mailing Address						1					
7350 102 PLAG PO BOX 307	CE SOUTH	1100 S FED HWY	1100 S FED HWY								
BOYNTON BEA	ACH FL 33435	BOYNTON BEACH FL 33435	BOYNTON BEACH FL 33435-5650								
		US					09/24/			ate of Last F /01/1996	Report
	lace of Business	2a. Mailing Address				4.	FEI Nun			A	pplied For
21		26					65-0	284626			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5.	Certifica	te of Status Desired		Fee R	Additional equired
City & State		City & State			~· 	- I		Campaign Financing nd Contribution			May Be to Fees
Zip	Country	Zip	Coul	ntry		8.		poration has liability for			s. 199.032,
24	25 Name and Address of Cu		io]			40	Florida S	nd Address of New Re	Yes		·····
QTA	IMEY, MARLYN S.	Trent trogisteled Agein		81	Name		Hanro p	TO AUGIESS OF HOW THE	gistorou	Agont	
	PALM AVENUE									·····	···
	. BOX 775		1	62	Street	Address (P.	O. Box I	Number is Not Acceptal	ole)		
	ODLAND FL 33933		}	83							
	ODENIO I E 00000									 -	
				84	City				FL	85 Zip	Code
11. Pursuant (office or re agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Statutes State of Florida. Such change was au bligations of, Section 607.0505, Flori	the ab thorized da Stati	love by les	named the corp	l corporation poration's b	submits oard of o	s this statement for the particular than the particular state of the s	ourpose o	f changing i pointment as	its registered registered
SIGNATURE	Signature, typod or printed name of registere	d poon and tile if annicable (NOTE:	Senistered	Ana	nl signalure	e required when	reinstelion)		DATE		
12.		AND DIRECTORS	13.	Agei	in e-griatore			S/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 111	LE.		T				Change	Addition
NAME I	STAMEY, MARLYN S.		1.2 NA	ME	'	1		الدري الد			
STREET ADDRESS	626 PALM AVE		1.3 \$11	REFT.	ADDRESS	7350	102	1146 300 11		1 /	
CITY-ST-ZIP	GOODLAND FL		1.4 CH	Y-SI	I - ZIP	Boyn	400	Place South Beach, FL	334	35	
TITLE		DELETE	2.1 111	L E		T				Change	Addition
NAME			2.2 NA	ME							
STREET ADDRESS			2.3 \$1	REE1	ADDRESS						
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JULTE		DELETE	51 111			1				☐ Change	☐ Addition
NAME CYCCY + DODGOO			5.2 NA		1000500						
STREET ADDRESS			1		ADDRESS						4
CITY-ST-ZIP			5.4 CIT	Y-SI	- ZIP	1					

CITY-S1-2IP

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 logal 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 atjachment with an address.

6.1 TITLE

6.2 NAME

and I st

DELETE

4/9/97

1561732-3113

Change

Addition

FILED

Apr 14 1997 8:00am

CR2E034 (9/96)