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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V27150 (4) 1. Corporation Name MARCISON ENTERPRISES, INC.					
MARG	GISON ENTERPRISES, INC.			 	I Bori Bran Bibii Afak Didk Didki bibii Bibii Ifal
Principal Place	e of Business	Mailing Address	<u> </u>		
2063 CORNELL STREET 2053 CORNELL STREET		EET			
SARASOTA	FL 34237	SARASOTA FL 34237	7		
				 Date Incorporated or Qualified 04/06/1992 	3a. Date of Last Report 04/26/1995
2. Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number 65-0322559	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zıp	Country	8. This corporation has liability for	ntangible tax under s 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes	
	3. Hallo alla Madioso di Californi	Trogistored Agent	81 Name	(U, Name and Address of New A	egistereo Agent
MARGK	SON, BRUCE G.				
2053 C	CORNELL STREET			ess (P.O. Box Number is Not Acceptabl	e)
SAHAS	OTA FL 34237		83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,0502; red agent, or both, in the State of Florid	and 607.1508, Florida Statut	tes, the above-named corpor	ration submits this statement for the purp	pose of changing its registered office
or register familiar wit	to the provisions of Sections 607,0502 red agent, or both, in the State of Florid ith, and accept the obligations of Section	ia. Such change was authoriz on 607.0505, Florida Statutes	zed by the corporation's boar s.	rd of directors. I hereby accept the appo	pintment as registered agent. I am
or register	red agent, or both, in the State of Florid	ia. Such change was authorized 607.0505, Florida Statutes R2.0	zed by the corporation's boar	rd of directors. I hereby accept the appo	pose of changing its registered office intrment as registered agent. I am 22-96 DATE
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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 if changed, or on an attachment with an address.

BRUCK MARCISOU4->2 86 941 366 3 2 50

OFFICER ON DIRECTOR

Date

Description SIGNATURE(