

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V32005 (3)

1. Corporation Name
MARLENE D'ARCY, INC.

Principal Place of Business
5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33309

Mailing Address
5813 N. ANDREWS WAY
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 04/28/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0328139	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STOLAR, DAVID 1350 KANE CONCOURSE BAY HARBOUR ISLAND FL 33154				10. Name and Address of New Registered Agent	
				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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICOLD, MATTHEW			1.2 NAME			
STREET ADDRESS	1717 N. BAYSHORE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICOLD, RICHARD			2.2 NAME			
STREET ADDRESS	1717 N. BAYSHORE DR., #3532			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICOLD, AMY			3.2 NAME			
STREET ADDRESS	1717 N. BAYSHORE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			3.4 CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRETTY, JEANNE			4.2 NAME			
STREET ADDRESS	4937 NW 47TH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33073			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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:  REQUIRED

1/13/98 (937) 4920043 EXT 201

CR2E034 (10/97)