


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P96000068761 1. Entity Name MARCUS INDUSTRIES, INC.	
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Principal Place of Business 6836 E SHENNA DRIVE SCOTTSDALE, AZ 85254	Mailing Address P.O. BOX 10434 SCOTTSDALE, AZ 85271-0434
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DO NOT WRITE IN THIS SPACE



04212004

4. FEI Number	Applied For
65-0692738	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired **\$8.75**

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
 201 SOUTH BISCAYNE BOULEVARD
 1600 MIAMI CENTER
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00**

U00000129501
 04/26/04-80080-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCUS, PHILIPPE
STREET ADDRESS	P.O. BOX 10434
CITY-ST-ZIP	SCOTTSDALE, AZ 852574121
TITLE	D
NAME	MARCUS, VALERIE
STREET ADDRESS	P.O. BOX 10434
CITY-ST-ZIP	SCOTTSDALE, AZ 852574121
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philippe MARCUS **J.P. MARCUS** 4/19/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #