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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 658609

(3)

MARYLEIGH, INC.

**FILED** May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						4 100110 21101 01101 10110 Ellis SELIS 1011 2	itib Birdi attat tiete Birth felle irdin tille trat birdi diali attat birdi tent			
B324 MITCHELL RANCH RD.  NEW PORT RICHEY FL 34655-0002  8324 MITCHELL RANC NEW PORT RICHEY FL										
						Date Incorporated or Qualified     03/10/1980		of Last F /1996	leport	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For		
21		26						ot Applicable		
Suite, Apt 22	. #, otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additi					
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution	<u> </u>		to Fees	
Z)p	Country	Zip	h1	untry		8. This corporation has liability for in			3. 199.032,	
24	25 Solution 25 Sol	1 Registered Agent	30	Τ.		Florida Statutes X  10. Name and Address of New Reg	Yes		······································	
		r meðisterán Whalir		81	Name	10, Hattie end Audress Di How Hel	peterou A		<del></del>	
	CHELL, JAMES W.				110110					
	4 MITCHELL RANCH RD.				Street Add	dress (P.O. Box Number is Not Acceptable)				
NE	W PORT RICHEY FL 34655-0002									
				83	City			<b>85</b> Zip	Code	
					,		FL	,		
SIGNATURE	Signature typed or printed name of registered age	re and tille if applicable. (No				poration submits this statement for the place tion's board of directors. I hereby accept the when religiously and the statement for the place to the	DATE			
TITLE	DT	DELETE	1.1.1	ITLE		ADDITIONAL PARTIES		Change	Addition	
NAME	MITCHELL, JAMES W		1.2 N		\		-	" •		
STREET ADDRESS	AAAA AMTALEEL BANALI BA				ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, 00000			R-YTK						
TITLE	DP	DELETE	2.1 T		<del></del>			Change	Addition	
NAME	MITCHELL, D. DEWEY		2.2 N	AME						
STREET ADDRESS	8324 MITCHELL RANCH RD.		2.3 S	TREET	ADDRESS					
CITY-ST-7IF	NEW PORT RICHEY, 00000		2.40	CITY-S	ST-ZIP					
TITLE	DS DELETE		3.1 7	ITLE			[	Change	Additio	
NAME	MITCHELL, MARY E.		3.2 N	IAME						
STREET ADDRESS			3.3 \$	TREET	ADDRESS					
CITY-ST-7/P	NEW PORT RICHEY FL		3.4. (	CITY- S	ST-ZIP					
TITLE		☐ DELETE	4.1 T	ITLE			T	Change	Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY - ST - ZIF		· · · · · · · · · · · · · · · · · · ·		HTY-S	T-ZIP					
TITLE	1	☐ DELETE	5.1 T	TLE			ŧ	Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CITY - ST - ZIP				ITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	70		
TITLE		DELETE	6.1 T		ļ		L	Change	Addition	
NAME			6.2 N	IAME						
STREET ADDRESS	i <b> </b>		6.3 S	TREET	ADDRESS					
CITY-ST-ZIP			6.4 0	NTY-S	IT-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 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 doporation 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 I changed, or on an indiabeter with an address.

4/25/97