

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

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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000065400 (2) 1. Corporation Name MARMAN CORP.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2748 US 1 SOUTH ST. AUGUSTINE FL 32086-0358	Mailing Address P.O. BOX 860358 ST. AUGUSTINE FL 32086-0358
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2. Principal Place of Business 21 2748 U.S. 1 South Suite, Apt. #, etc. 22 City & State 23 St. Augustine FL Zip 24 32086	2a. Mailing Address 26 P. O. Box 860358 Suite, Apt. #, etc. 27 City & State 28 St. Augustine FL Zip 29 32086-0358 Country 30 USA
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3. Date Incorporated or Qualified 09/10/1993	4. FEI Number 59-3199671	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent SCHROEDER, MANFRED F 25 AVISTA CIRCLE ST. AUGUSTINE FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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		☐ DELETE
TITLE	PT	
NAME	SCHROEDER, MANFRED F	
STREET ADDRESS	25 AVISTA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VS	
NAME	OTTO, MARY M	
STREET ADDRESS	101 COQUINA AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Manfred F. Schroeder

1/15/98

CR2E034 (10/97)