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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90087 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000049948

1. Corporation Name
MARWALD, INC.



Principal Place of Business
 PHOTO USA 2073 9TH STREET NORTH
 NAPLES FL 34103

Mailing Address
 PHOTO USA 2073 9TH STREET NORTH
 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1998

2. Principal Place of Business
 21 **1805 9th St. N**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **1805 9th St. N**
 Suite, Apt. #, etc.

4. FEI Number
59-3517362

22
 City & State
 23 **Naples, FL**

27
 City & State
 28 **Naples, FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **34102** 25 Country **Collier**

29 Zip **34102** 30 Country **Collier**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BASS, RAYMOND L JR
THE MOORING PROFESSIONAL BLDG.
2335 TAMIAMI TR. NO., STE. 409
NAPLES FL 34103-4459

10. Name and Address of New Registered Agent
 81 Name **Oswald, Thomas G.**
 82 Street Address (P.O. Box Number is Not Acceptable) **1771 Bermuda Greens Blvd. Unit 0-5**
 83
 84 City **Naples** 85 Zip Code **FL 34110**

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]* DATE **4/24/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	OSWALD, THOMAS G
STREET ADDRESS	1771 BERMUDA GREENS BLVD., UNIT 0-5
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTIN, STEVEN W
STREET ADDRESS	3628 KENT DR.
CITY-ST-ZIP	NAPLES FL 34112
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.073(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, with a power like empowered.

SIGNATURE: *[Signature]* DATE **4/26/99** DAYTIME PHONE # **941-263-7122**

CR2E034 (11/98)