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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 261602

(7)

THE MARQUIS CORPORATION

Mailing Address Principal Place of Business 613 NORTHLAKE BOULEVARD 613 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33408-5308 NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1962 04/26/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-0999900 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Z(p)Country Z_{ip} This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KETTER, JACK 613 NORTHLAKE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) N PALM BEACH FL 33408 83 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. PD Change DELETE 1.1 TITLE Addition TITLE KETTER, JACK CR2E034 1.2 NAME NAME 613 NORTHLAKE BLVD STREET ADDRESS 1.3 STREET ADDRESS N PALM BEACH FL City-S1-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition TOLE 21 TITLE KETTER, MARGARET M NAME 22 NAME 613 NORTHLAKE BLVD 2.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KETTER.HELEN F NAME 3.2 NAME 613 NORTHLAKE BLVD 3.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL 3.4. CHTY - ST - ZIP C-1Y - S1 - 2IF DELETE Change Addition 4.1 TITLE Title NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE mile 6.2 NAME NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED TO

I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

561-848-8646

FILED

Apr 11 1997 8:00am

Secretary of State