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 # 610402

(0)

CHARLES C. MARRIOTT, INC. Principal Place of Business Mailing Address 11565 SEVENTH LANE NORTH P.O. BOX 20756 ST PETERSBURG FL 33742 ST PETERSBURG FL 33742 ST PETERSBURG FL 33742									
							3. Date Incorporated or Qualified 03/01/1979	3a. Date of Last Report 04/16/1996	
	l Place of Bus	iness	2a. Mailing A	ddress			4. FEI Number	Applied F	or
21			26				59-1885861	Not Applic	
Suite, A	pt #, etc.		Suite, Apt	. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & S	tale	-	City & Sta	te			6. Election Campaign Financing	\$5.00 May Be	e
23		· • · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added to Fees	<u> </u>
Zip		Country	Zıp	-	Country	/	8. This corporation has liability for	intangible tax under s. 199.03	32,
24		25	29		10			Yes No	
			rrent Registered Age	<u> </u>		T ::	10. Name and Address of New Re	gistered Agent	
		HARLES C JR			81	Name			
		TH LANE NORTH			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	SUITE 1807					ļ	· · · · · · · · · · · · · · · · · · ·	**************************************	
ST PETERSBURG FL									
					84	City		85 Zip Code	
					1	, ,		FL	
office of agent.	BE	isjons of Sections 607 igent, or both in the S with, and accept the o					orporation submits this statement for the ration's board of directors. I hereby acce quired when reinstating)	pt the appointment as register	red
12.			AND DIRECTORS	, , , , , , , , , , , , , , , , , , ,	13.	en eignacie re	ADDITIONS/CHANGES TO OFFI		·
TITLE	PD	OT TOUT		DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ddition
NAME	1	ITT, CHARLES C JI	_		1.2 NAME			was according to the con-	
STREET ADDRE	14505 6	EVENTH LANE NO				T ADDRESS			
CITY - S1 - ZIP		ERSBURG FL			1.4 CITY-5	1			
TILE				DELETE	2.1 TITLE	31-ZIF		Change Ad	ddition
	1		L.	1 DECEME	2.2 NAME	}		C Vivingo C /	danion
MV!						· enengen			
STREET ADDRES	22					T ADDRESS			
CITY-ST-ZIP		****		DELETE	2.4 CITY- 3.1 TITLE	SI-ZIP		Change Ad	ddition
			<u> </u>	1 presit				FT CHANGE FT 40	OUROR
NAME					3.2 NAME				
STHEEL ADDRE	55					T ADDRESS			
CITY - \$1 - ZIF				DELETE.	, 34. CITY-	ST-ZIP		——————————————————————————————————————	4.000
TITLE			L	DELETE	4.1 TITLE			Change Ac	ø dition
NAME					4. 2 NAME				
STREET ADDRE	58 (4.3 STREE	1 ADDRESS			
CHY-ST-7P					4.4 CITY-:	ST-ZIP			
Title				DELETE	E & TITLE			Change Ac	ddilion

6.4 CITY-S1-ZP

14. To 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 it am an officer or director of the oper poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 City-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

HILE

NAME

) O4

April 2, 1997

(813)576-475

Change Addition

FILED

Apr 08 1997 8:00am

Secretary of State