

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

FILED
May 14 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 # 680671 (5)
1. Corporation Name

MARQUIS HOTELS & RESORTS COMPANY

Principal Place of Business
12800 UNIVERSITY DR STE 350
FT MYERS FL 33907-5343

Mailing Address
12800 UNIVERSITY DR STE 350
FT MYERS FL 33907-5343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2008122	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent MARINER GROUP, INC. 12800 UNIVERSITY DR., SUITE 350 FORT MYERS FL 33907				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	PECERI, MICHAEL B.	
STREET ADDRESS	3350 NORTH KEY DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	P	DELETE
NAME	ALLEN G. TEN BROEK	
STREET ADDRESS	12800 UNIVERSITY DR #260	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPS	DELETE
NAME	JAMES H. DIXON, JR.	
STREET ADDRESS	12800 UNIVERSITY DR #260	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	T	DELETE
NAME	JOE K. BLACKETER	
STREET ADDRESS	12800 UNIVERSITY DR STE 260	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	O	DELETE
NAME	TAYLOR, ROBERT	
STREET ADDRESS	12800 UNIVERSITY DR., 350	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AS	DELETE
NAME	LINDA M. SUSZEK	
STREET ADDRESS	12800 UNIVERSITY DR #260	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VST	Change	Addition
1.2 NAME	Elaine Hawkins		
1.3 STREET ADDRESS	12800 University Drive, #260		
1.4 CITY-ST-ZIP	Fort Myers, FL 33907		
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.

CR2E034 (10/97)