FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755529 (5)

1. Corporation Name

CASA DE MARCO, INC.

Principal Place of Business	Mailing Address
~~1401 S. COLLIER BLVD. #401~~ ~~MARCO ISLAND FL 33937~~	~~1041 S. COLLIER BLVD~~ ~~MARCO ISLAND FL 33937~~ ~~US~~

3. Date Incorporated or Qualified: 12/12/1980
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21: 1041 S. COLLIER BLVD
22: #201
23: MARCO ISLAND, FL
24: 33937 Country: USA

2a. Mailing Address
26: P.O. BOX 2397
27:
28: MARCO ISLAND, FL.
29: 33969 Country: USA

4. FEI Number: 59-2261395 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~WOODWARD MARK J ESQ~~
~~801 LAUREL OAK DR SUITE 640~~
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name: EDMUND S. BURT
82 Street Address (P.O. Box Number is Not Acceptable): 990 CAPE MARCO DR
83: #401
84 City: MARCO ISLAND FL 85 Zip Code: 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Edmund S. Burt 4-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DARRELL G.		1.2 NAME		
STREET ADDRESS	1041 S COLLIER BLVD 401		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLAS, CORNELIUS		2.2 NAME		
STREET ADDRESS	041 S COLLIER BLV #402		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMID, MARIANNE		3.2 NAME		
STREET ADDRESS	1041 S. COLLIER BLVD 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERBERIAN, BEATRICE		4.2 NAME		
STREET ADDRESS	1041 SO. COLLIER BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	~~DTS~~	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	~~REYNOLDS, KAY~~		5.2 NAME	REYNOLDS, KAY	
STREET ADDRESS	~~1041 SO. COLLIER BLVD.~~		5.3 STREET ADDRESS	1041 SO. COLLIER BLVD.	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		5.4 CITY-ST-ZIP	MARCO ISLAND, FL. 33937	
TITLE	~~D~~	☑ DELETE	6.1 TITLE	DTS	☑ Change ☐ Addition
NAME	~~REYNOLDS, THOMAS~~		6.2 NAME	HOLLAND, JANIS	
STREET ADDRESS	~~1227 THOMAS L. PKWY~~		6.3 STREET ADDRESS	1041 SO. COLLIER BLVD	
CITY-ST-ZIP	~~LANSING MI~~		6.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Janis S Holland 4-16-96 941 642-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #