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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

F97000003064 (9) DOCUMENT

MARSHA D' ARRIAGA, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7114 MIN RUN CIRCLE 7114 MIN RUN CIRCLE NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-2993826 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEPARD, MARSHA 7114 MIN RUN CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34109 83 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change SHEPARD, MARSHA NAME 1.2 NAME 7114 MIN RUN CIRCLE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34109 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change ___ Addition TITLE SHEPARD, RICHARD B NAME 7114 MIN RUN CIRCLE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34109 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ■ Addition 3.1 TITLE TITLE SHEPARD, CHRISTOPHER S NAME 3.2 NAME 218 NEWBERRY ST STREET ADORESS 3.3 STREET ADDRESS **BOSTON MA 02116** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE ... Change ___ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

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 applicable.

6.4 CITY-ST-ZIF

SIGNATURE:

CITY - ST - ZIP