## 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 # H20711

(8)

100

NAME

TITLE

NAME

1174

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-7P

CITY - ST - 7IP

CHY-ST-7P

MARC	OVIEW CORP.							
Principal Place of Business Mailing Address			ress			1 1001011 0111 11011 00111 10041 11001 110	i dinji bibil dibit dibi	A MINIT NAME AND A
617 DORANI MARCO ISLA	DO CT AND FL 33937	617 DORANDO CT MARCO ISLAND FL 34145-1911						
						3. Date Incorporated or Qualified 09/12/1984	3a. Date of L 04/16/19	
2. Principa 21	l Place of Business	2a, Mailing A	2a. Mailing Address 26			4. FEI Number 59-2445953	Applied For Not Applicable	
Suite, Ap	ot. #, etc	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & S	tate	City & St	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζ <sub>1</sub> ρ	Country 25	Z <sub>1</sub> p	30	Country		8. This corporation has liability for Florida Statutes	intangible tax un Yes No	der s. 199.032,
	9. Name and Address of Cur	rent Registered Age	nt			10. Name and Address of New Re	gistered Agent	
11. Pursua	int to the provisions of Sections 607.0	0502 and 607.1508. F	Florida Statutes, th	83 84 he above	City	rooration submits this statement for the	FL 85	Zip Code
office c agent	x registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida Such o digations of, Section	hange was autho 607.0505, Florida	orized by Statutes	the corpora	rporation submits this statement for the attention's board of directors. I hereby acce	pt the appointme	nt as registered
SIGNATUR	E Signature typed or printed name of registered	agent and title if applicable.	(NOTE: Reg	istered Age	nt signature requ	ulred when reinstating)	DATE	,
12.	OFFICERS :	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
100.6	PTD		DELETE	1.1 TITLE			☐ Ch	ange 🔲 Addition
NAME	MILLS, DONALD L.			1,2 NAME	-			
STREET ADDRES				1.3 STREET	address			
CITY-S1-7IP	MARCO ISLAND FL			1.4 CITY-S	T-ZIP			
TITLE	VSD	L	1	2.1 TITLE			☐ Ch	ange [] Addition
NAME	MILLS, GENEVIEVE		1	2.2 NAME				
STREET ADDRES	SS 617 DORANDO COURT MARCO ISLAND FL			2.3 STREET	· 1			
CITY - S1 - ZIF TITLE	MANOO IODANO FL			2.4 CITY - 9 31 TITLE	51 - ZIP		☐ Ch	ange Addition
NAME	(			3.2 NAME	{			
STREET ADORES	22			3.3 STREET	ADDRESS			
CHY-ST-ZIP	~			34 CITY-5				

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 I am an officer or director of the perportation 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 is if changed, or on an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP

5.3 STREET ADDRESS 5.4 City-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

DELETE

DELETE



Change

☐ Change

Change Addition

Addition

Addition

**FILED** 

Apr 09 1997 8:00am

Secretary of State