	PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	IG THIS FORM	Ma
PEU	GAT DO GA	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	NT OF STATE tham	1		MC
KEII	ATEMILINI	DIVISION OF CORPO	RATIONS	90 f.	Ed 55 17 6: 6	!
DOCUMENT # H36481				C- 11		:
1. Corporation Name				SCOLLAND LOCAL DE LA MARTINE D		
MAHC	D ISLAND TROLLEY, INC) .	ı			
Principal Place of Business Mailing Address						
601 ELKCAN STROLE P O BOX 1935		P O BOX 1935				1 14 1 15 11 1111 115 115 115 115 115 1
A-7 MARCO ISLAND FL 33937		MARCO ISLAND FL SEES				811 \$1911 81811 91911 \$1911 J991
us / \			Fire all up hali i			
If above address are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorpora To Do Busines	ited or Qualified	
Suite, Apt. #		Suite, Apt. #, etc.	, etc.		s in Florida	2/31/1984
City & State	#107	City & State		5. FE1 Number	59-2507411	Applied For Not Applicable
MA R	CO ISLAND, H.	Zip Countr	 V	6.	\$!	3.75 Additional Fee required
391	45 USA	34/4			F STATUS DESIRED	for a Certificate of Status
	and Street Addresses of Each Officer and/o Name of Officers		itions must list at lea eet Address of Each			
Title(s)	(s) and/or Directors O 3 (Do NOT Us		ficer and/or Director e Post Office Box No	indiers) 4	City / S	State / Zip
PD				1	MARCO ISLAND FL	34145
		977 <i>\(\text{\text{\$\titt{\$\text{\$\tinit\ettitt{\$\text{\$\tint{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\etitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\ti}\$}}}\\$\text{\$\text{\$\text{\$\text{\$\text{\$\tince{\text{\$\tince{\e</i>	BARFILLE	39107		
				1		
				60	<u>oogg??e</u>	79487
ł						-01100005) ****300.00
				"		
}		}		}		
	8. Name and Address of Current R	egistered Agent	1	9. Name and Ado	dress of New Registered	Agent
Name						(86/6)
MONAHAN, MAUREEN E. 601 EUKCAM CIRCLE 991 N. BARFIELD Street Address (P				P.O. Box Number is I	Not Acceptable)	ORZEO40 (9:08
STE A TY #1/07			Suite, Apt. #, Etc			
MARC	DISLAND FL 33937 MARC	O Isk This	City		Sta	e Zıp Code
10. I, being	appointed the registered agent of the abov	1 34/45	ith and accept the ob	oligations of Section	607.0505, F.S.	- l
Signature of Registered		GISTERED AGENT MUST SIGN	Ron	art Transport	Date	-29
	is corporation owes or ha angible Personal Property		ar Yes 🛭	No 🗆	(See other s	ide Progratoron (1)
this rein: owed by	that I am an officer or director or the receive statement application, the reason for dissole the corporation have been paid and the na application is true and accurate, and my sign	ution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies in do not qualify for	the requirements of an exemption under	section 607.0401 or 617.	0401, F.S., that all fees
SIGNAT	TURE: SIGNATURE AND TYPED OR PRIN	TE MOST ITEO NAME OF SIGNING OFFICER OR E. MONANANA	Jo- DIRECTOR	2-9	9-99 94	1-394-16.00 Dayton Phone 6





February 9, 1999

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS PO Box 6327 Tallahassee, Fl. 32314

RE: Marco Island Trolley, Inc. I.D. #59-2507411

I have recently received a "Notice of Administration Dissolution or Revocation", and stating that I did not file my Annual Report.

I did not receive the Annual Report for 1998, and I am assuming it is because I have moved my offices to my home. I called your office and informed them of this dilema, and they advised me to send in the attached form with \$300.00 for reinstatement.

If you have any questions, please call me at (941) 394-1600.

Sincerely,

MARCO ISLAND TROLLEY, INC.

Maureen E. Monahan

Owner

Enclosure

