SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J81422

1. Corporation Name
MARJON OF VERO BEACH, INC.

(4)

FILED Aug 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					AY BIBNI BEBNI BIDIK BIBIK BIBIK BIDIK (BDI	
736 36TH AVEI		736 36TH AVENUE VERO BEACH FL 32968				
US	rt 92000	US			DO NOT WRIT	TE IN THIS SPACE
					3. Date Incorporated or Qualified 07/02/1987	
	lace of Business	2a. Mailing Address			4. FEI Number 59-2825467	Applied For
Sulte, Apt. #, etc.		26 Suite Ant # ote	Suite, Apt. #, etc.		38-2023407	Not Applicable
22		27 Suile, Apr. #, etc.	~		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	Countai	28 7in	Zip Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29	ր <u>}</u>		This corporation owes or has p Personal Property Tax due Jun	— · — · I
	9. Name and Address of Curre		100		10. Name and Address of New R	
CUSSON, JOHN J. 81						
	5 12TH PLACE		j.	82 Street Addr	ress (P.O. Box Number is Not Accepta	able)
VER	O BEACH FL 32960			83		·
				93		
				B4 City		FL 85 Zip Code
		poration 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.	Signature, typed or printed name of registered ag	ent and tille if applicable (f ND DIRECTORS	NOTE: Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TITLE	PTS OFFICERS AN	DELETE	1.170	F	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	CUSSON, JEFF L.		1.2 NA	•		
STREET ADDRESS	736 36TH AVENUE			EET ADDRESS		ľ
CITY-ST-ZIP	VERO BEACH FL			Y-ST-ZIP		
TITLE	V	DELETE	2.1 Til			Change Addition
NAME	CUSSON, JOHN J.		2.2 NA	иє		
STREET ADDRESS	3355 12TH PLACE		2.3 ST	EET ADDRESS		l
CITY-ST-ZIP	VERO BEACH FL		2. 4 CI	Y-ST-ZIP		
TITLE	KELLY-CUSSON, PATRICIA	☐ DELETE	3.1 TIT	.E _		Change Addition
NAME	736 36TH AVE		3.2 NA	ME		
STREET ADDRESS	VERO BEACH FL		3.3 ST	EET ADDRESS		
CITY-ST-ZIP	THIS DENSITE	T process		Y-ST-ZIP		No.
TITLE		☐ DELETE	4.1 Tit			☐ Change ☐ Addition
NAME CTOTET ADORGO			4.2 NA			[
STREET ADDRESS				FET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TIT	Y-ST-ZIP		☐ Change ☐ Addition
NAME		<u> </u>	52 NA			
STREET ADDRESS				eet address		
CITY-ST-ZIP			4	Y-ST-ZIP		1
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	AE		1
STREET ADDRESS			6.3 STF	EET ADDRESS		·
CITY-SY-ZIP			6.4 CIT	Y-ST-ZIP		

14. I do 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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