

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L41325

(6)

1. Corporation Name
MARBLE ARCADE, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 7:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**400 E. SOUTH ST.
SUITE 500
ORLANDO FL 32801** **400 E. SOUTH ST.
SUITE 500
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/04/1990 **04/29/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
59-3042662 Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOURNE, ROBERT A.
400 E SOUTH ST
SUITE 500
ORLANDO FL 32801**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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 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	D
NAME	RALSTON, GARY
STREET ADDRESS	400 E SOUTH ST
CITY - ST - ZIP	ORLANDO FL
TITLE	DP
NAME	SENEFF, JAMES M., JR
STREET ADDRESS	400 E SOUTH ST #500
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	DST
NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 E SOUTH ST #500
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SENEFF, JAMES M. JR.
1.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
1.4 CITY - ST - ZIP	ORLANDO, FL 32801
2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOURNE, ROBERT A.
2.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
2.4 CITY - ST - ZIP	ORLANDO, FL 32801
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSE, LYNN E.
3.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
3.4 CITY - ST - ZIP	ORLANDO, FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT A. BOURNE** **03/01/95** **(407)422-1574**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number