SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:23

DOCUMENT # M82668 (8)

1. Corporation Name
MARRIJOE, INC.

Principal Place of Business	Mailing Address
~~C/O JOSEPH HAYES~~ ~~4107 ROBERTS POINT RD~~ ~~SARASOTA FL 34242~~ ~~US~~	~~4107 ROBERTS POINT RD~~ ~~SARASOTA FL 34242~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3737 Village Green Dr.
Suite, Apt. #, etc. 22
City & State 23: Sarasota, FL
Zip 24: 34239 Country 25: USA

2a. Mailing Address
26 3737 Village Green Dr.
Suite, Apt. #, etc. 27
City & State 28: Sarasota, FL
Zip 29: 34239 Country 30: USA

4. FEI Number: 65-0057084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

~~HAYES, JOSEPH~~
~~1168 WESTWAY DRIVE~~
~~SARASOTA FL 33577~~

10. Name and Address of New Registered Agent

81 Name: John E. Neuenfeldt
82 Street Address (P.O. Box Number is Not Acceptable): 3737 Village Green Drive
83
84 City: Sarasota, FL FL 85 Zip Code: 34239

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] JOHN E NEUENFELDT 8-1-95
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~~	1.1 TITLE	☐ Change ☑ Addition D
NAME	~~HAYES, JOSEPH~~	1.2 NAME	John E. Neuenfeldt
STREET ADDRESS	~~4107 ROBERTS POINT RD~~	1.3 STREET ADDRESS	3737 Village Green Drive
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 address.

SIGNATURE: [signature] JOHN E NEUENFELDT 8-1-95 (941) 924-1548
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR Date Daytime Phone #

01115/4 CP