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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000002361 (3) DOCUMENT #

ZOE FISH MARVIL FOUNDATION, INC.

Principal Place of Business Mailing Address

FILED Mar 03 1997 8:00am Secretary of State



City & State 2 2 2 2 2 2 2 2 2 2	6218 BAYSHORE BLVD. TAMPA FL 33611				6218 BAYSHORE BLVD. TAMPA FL 33611-5024									
Surfu									3. Date Incorporated or Qualific 05/06/1994	ed 3a. D				
28 Sule, Apt. #, etc. Su	2. Principal Place of Business				2a. Mailing Address						- 	App	lied For	┪.
Suite, Apt. 8, etc.									59-3262943		_			e
City & State	Suite, Apt. #, etc.				[- 1				5. Certificate of Status Desired	\$8.75 Additional				
29	22												-	4
Zip	City & State	State			 			, ,						
Part			Country						8. This corporation has liability for intangible tax under s. 199.032.					7
Name and Address of Current Registered Agent	24	ľ	25	29	h									
MARVIL, PATRICIA B 6218 BAYSHORE BLVD. TAMPA FL 33811 82 Street Address (P. O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am firmitiar with, and accept the obligations of Section 617,0502 and 617,1508. Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am firmitiar with, and accept the obligations of Section 617,0503, Printed Statutes. SIGNATURE Signotive typed or printed as we or regioned agent and tive I lacknown. (NOTE Registered Agent agenture required required required required agent. I am firmitiar with, and accept the obligations of Section 617,0503, Printed Statutes. SIGNATURE Signotive typed or printed as we or regioned agent and tive I lacknown. (NOTE Registered Agent agenture required required required required required required required agent. I am firmitiar with and accept the appointment as registered agent. I am firmitiar with and accept the obligation of Section 617,0503, Printed Statutes. SIGNATURE DS OFFICERS AND DIRECTORS IN 12 I STREET ADDRESS OFFICERS A		9. Name	and Address of Cu	rrent Regist					10. Name and Address of New Registered Agent					
B218 BAYSHORE BLVD. TAMPA FL 33811 B3 B4 City FL B5 Zip Code 11. Pursuent to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and trainiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Synthe fyridd previolation of repostation for XDOS. Plorida Statutes. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DS							81	Name						
B218 BAYSHORE BLVD. TAMPA FL 33811 B3 B4 City FL B5 Zip Code 11. Pursuent to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and trainiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Synthe fyridd previolation of repostation for XDOS. Plorida Statutes. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DS	MARVII PATRICIA R				92 5			Stroot Ad	Address (P.O. Boy Number is Not Assessable)					
TAMPA FL 33611					[62]			Stieet Au	Teet Address (F.O. box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Scatch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Scatch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Sections 617.0502 and accept the obligations of Sections 617.0502 and accept the obligations of Sections of Today. SIGNATURE Signature for the purpose of changing its registered agent agent are registered agent ag							83			,				ヿ
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11. Pustuant to the provisions of Sections 617.0002 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE							84	City		Fi	65	Zip C	ode	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME MARYIL, PATRICIA B. 6218 BAYSHORE BLVD DELETE DV DELETE 12 NAME 6218 BAYSHORE BLVD DELETE 22 NAME MASON, BONNER 6218 BAYSHORE BLVD. DELETE DV DELETE DV DELETE 23 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 32 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS CITY-ST-ZIP TAMPA FL DV DELETE DV DELETE DV DELETE Addition Addition Addition DELETE Addition Addition DELETE Addition Addition DELETE Addition Additio	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 register													į
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME MARYIL, PATRICIA B. 6218 BAYSHORE BLVD DELETE DV DELETE 12 NAME 6218 BAYSHORE BLVD DELETE 22 NAME MASON, BONNER 6218 BAYSHORE BLVD. DELETE DV DELETE DV DELETE 23 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 32 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS 6218 BAYSHORE BLVD. 33 SIRET ADDRESS CITY-ST-ZIP TAMPA FL DV DELETE DV DELETE DV DELETE Addition Addition Addition DELETE Addition Addition DELETE Addition Addition DELETE Addition Additio	SIGNIATI IBE		,											
MARYIL, PATRICIA B. 12 MAME 13 STREET ADDRESS	SIGNATURE _	Signature typed	or printed name of registers	d agent and title	If applicable. (NOT	E: Reg	istered Ag	ent signature rec	quired when reinstating)	DATE				
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COY-SI-7P 1														
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 Statules. I further certify that the	CITY-ST-ZIP	ny partify the	at the information cur	intied with th	is filing does not qual	ify for			led in Section 119 07/3Vi) Floride Sta	itutes I furth	er certifu	that t	he	-

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

SIGNATURE: