


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90066 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002361					
1. Corporation Name ZOE FISH MARVIL FOUNDATION, INC.					
Principal Place of Business 611 WEST AZEELE STREET TAMPA FL 33606			Mailing Address 611 WEST AZEELE STREET TAMPA FL 33606		



2. Principal Place of Business 21 4230 S. MacDill Ave.		2a. Mailing Address 26 P.O. Box 10858		3. Date Incorporated or Qualified 05/06/1994	
Suite, Apt. #, etc. 22 Suite 224		Suite, Apt. #, etc. 27		4. FEI Number 59-3262943	
City & State 23 Tampa, FL		City & State 28 Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33611		Zip 29 33679-0858		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BONNER, MASON 611 WEST AZEELE STREET TAMPA FL 33606				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 4230 S. MacDill Avenue	
				83 Suite 224	
				84 City Tampa	
				85 Zip Code FL 33611	

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 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARVIL, PATRICIA B.		1.2 NAME		
STREET ADDRESS	6218 BAYSHORE BLVD		1.3 STREET ADDRESS	345 Bayshore Blvd., Unit 1101	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, BONNER		2.2 NAME	BONNER, MASON	
STREET ADDRESS	6218 BAYSHORE BLVD.		2.3 STREET ADDRESS	345 Bayshore Blvd., Unit 1101	
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, NANCY		3.2 NAME		
STREET ADDRESS	% 6218 BAYSHORE BLVD.		3.3 STREET ADDRESS	c/o 345 Bayshore Blvd., Unit 1101	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mason Bonner, Director 4/26/99 (813) 854-3080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)