

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000047810 (5)

1. Corporation Name
MARQUIS FINANCIAL CORPORATION



Principal Place of Business
5701 CAMINO DEL SOL
SUITE 101
BOCA RATON FL 33433

Mailing Address
5701 CAMINO DEL SOL
SUITE 101
BOCA RATON FL 33433-6565

3. Date Incorporated or Qualified 07/08/1993	3a. Date of Last Report 02/08/1996
4. FEI Number 65-0451311	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5650 Camino del Sol Suite, Apt. #, etc. 22 107 City & State 23 BOCA RATON, FL Zip 24 33433	2a. Mailing Address 26 5650 Camino del Sol Suite, Apt. #, etc. 27 107 City & State 28 BOCA RATON, FL Zip 29 33433	Country 25 Palm Beach 30 Palm Beach
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g. Name and Address of Current Registered Agent

DOYLE, JUDITH L
5701 CAMINO DEL SOL
SUITE 101
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name DOYLE, JUDITH L
82 Street Address (P.O. Box Number is Not Acceptable) 5650 CAMINO DEL SOL
83 SUITE 107
84 City BOCA RATON FL
85 Zip Code 33433

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: *Judith L. Doyle* JUDITH L. DOYLE *Judith L. Doyle 1/10/96*
Signature typed or printed name of registered agent. (Initials if applicable). (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOYLE, JUDITH L	
STREET ADDRESS	5701 CAMINO DEL SOL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOYLE, JOHN T	
STREET ADDRESS	5701 CAMINO DEL SOL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	5650 CAMINO DEL SOL		
1.4 CITY-ST-ZIP	BOCA RATON FL 33433		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	5650 CAMINO DEL SOL		
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-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 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: *Judith L. Doyle* JUDITH L. DOYLE 1/10/96 561/394-6548
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)