


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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																															
<b>DOCUMENT # P 93000063220 (8)</b> 1. Corporation Name <p style="font-size: 1.2em; margin-top: 10px;">MARIAN T. INC.</p>																																																																																																	
Principal Place of Business <p>P.O. BOX 11017 NAPLES FL 34101</p>		Mailing Address <p>P.O. BOX 11017 NAPLES FL 34101</p>																																																																																															
2. Principal Place of Business 21 532 IBIS WAY Suite, Apt. #, etc. 22 City & State 23 NAPLES FL. Zip 24 34110 Country 25 Collier 26 27 28 29 30		3. Date Incorporated or Qualified 7-29-1993 3a. Date of Last Report 7-1-97 4. FEI Number 65-0427012 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input 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																																																																																															
9. Name and Address of Current Registered Agent <p>BRAY MARIAN M. 532 IBIS WAY NAPLES FL. 34110</p>		10. Name and Address of New Registered Agent 81 Name N/A 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. <p style="text-align: right; font-size: 1.2em;">N/A</p>																																																																																																	
SIGNATURE For the corporation, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-STATE-ZIP</td> <td style="width: 10%;">DELETE</td> </tr> <tr> <td></td> <td>BRAY, MARIAN M.</td> <td>532 IBIS WAY</td> <td>NAPLES FL. 34110</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>BRAY, GERALD L.</td> <td>532 IBIS WAY</td> <td>NAPLES FL. 34110</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>BRAY, STEVEN F.</td> <td>532 IBIS WAY</td> <td>NAPLES FL. 34110</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE		BRAY, MARIAN M.	532 IBIS WAY	NAPLES FL. 34110	<input type="checkbox"/>		BRAY, GERALD L.	532 IBIS WAY	NAPLES FL. 34110	<input type="checkbox"/>		BRAY, STEVEN F.	532 IBIS WAY	NAPLES FL. 34110	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 15%;">1.2 NAME</td> <td style="width: 15%;">1.3 STREET ADDRESS</td> <td style="width: 15%;">1.4 CITY-STATE-ZIP</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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14. I, the undersigned, 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: <u>Marian M. Bray</u> 4-28-97 1-941-594-1915 MARIAN M. BRAY President, MARIAN T. INC.																																																																																															

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