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May 01 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 # P 93000063220 (8)

1. Corporation Name  
MARIAN T. INC.

Principal Place of Business Mailing Address  
P.O. BOX 11017 P.O. BOX 11017  
NAPLES FL 34101 NAPLES FL 34101

3. Date Incorporated or Qualified 7-29-1993  
3a. Date of Last Report 7-1-97

|   |   |   |
|---|---|---|
| 21. Principal Place of Business<br>532 IBIS WAY<br>Suite, Apt. # etc. | 2a. Mailing Address<br>Sec ABOVE<br>Suite, Apt. #, etc. | 4. FEI Number<br>65-0427012<br>Applied For<br><input checked="" type="checkbox"/> Not Applicable  |
| 22. City & State<br>NAPLES FL.  | 27. City & State  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 23. Zip<br>34110  | 28. Country<br>Collier                                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |
| 24. Country   | 29. Country   | 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<br>BRAY MARIAN M.<br>532 IBIS WAY<br>NAPLES FL. 34110 | 10. Name and Address of New Registered Agent<br>N/A   |
| B1 Name   | B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3  | B4 City   |
| B5 Zip Code   | FL  |

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: MARIAN M. BRAY DATE: N/A

| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---------------------------------|--|---|
| TITLE<br>D<br>NAME<br>BRAY, MARIAN M.<br>STREET ADDRESS<br>532 IBIS WAY<br>CITY, ST, ZIP<br>NAPLES FL 34110  | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>D<br>NAME<br>BRAY, GERALD L.<br>STREET ADDRESS<br>532 IBIS WAY<br>CITY, ST, ZIP<br>NAPLES FLA 34110 | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>D<br>NAME<br>BRAY, STEVEN F.<br>STREET ADDRESS<br>532 IBIS WAY<br>CITY, ST, ZIP<br>NAPLES FL. 34110 | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY, ST, ZIP   | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY, ST, ZIP   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY, ST, ZIP   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>600002169976<br>-05/07/97--01093--051<br>***165.00 |

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: Marian M. Bray Date: 4-28-97 Daytime Phone #: 1-941-594-1915  
MARIAN M. BRAY President, MARIAN T. INC.

CR2E034 (9/96)