

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90049 045 ***150.00

DOCUMENT # P94000000547

1. Corporation Name

FINE ART BY MARIANNE, INC.



Principal Place of Business

1790 WATERFALL CT.

MARCO ISLAND FL 33937

US

Mailing Address

1790 WATERFALL CT.

SUITE 222

MARCO ISLAND FL 33937

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

65-0459047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 1790 WATERFALL CT

Suite, Apt. #, etc.

22

23 MARCO ISLAND, FL

24 34145 25 USA

26 1790 WATERFALL CT

Suite, Apt. #, etc.

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28 MARCO ISLAND, FL

29 34145 30 USA

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9. Name and Address of Current Registered Agent

RANDELL, MARIANNE
160 ISLE OF CAPRI RD
#2078
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name RANDELL, MARIANNE
82 Street Address (P.O. Box Number is Not Acceptable)
1790 WATERFALL CT.
83
84 City MARCO ISLAND FL 85 Zip Code 34145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME RANDELL, MARIANNE

STREET ADDRESS 160 ISLE OF CAPRI RD #2078

CITY-ST-ZIP NAPLES FL 33999

TITLE D ☐ DELETE

NAME RANDELL, DAVID

STREET ADDRESS 160 ISLE OF CAPRI RD #2078

CITY-ST-ZIP NAPLES FL 33999

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RANDELL, MARIANNE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1790 WATERFALL CT.

1.4 CITY-ST-ZIP MARCO ISLAND, FL 34145

2.1 TITLE RANDELL, DAVID ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1790 WATERFALL CT.

2.4 CITY-ST-ZIP MARCO ISLAND FL 34145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. RANDELL, JR.

Date

Daytime Phone #

CR2E034 (11/98)