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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

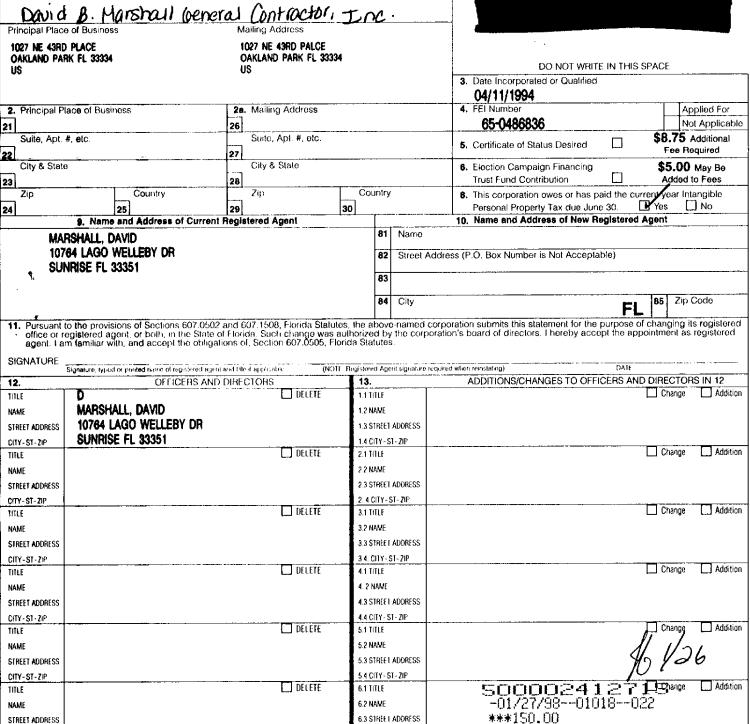
DOCUMENT # P94000027852 (0)

DAVID MARSHALL: INC.

CITY-ST-ZIP

NIC 1/8/98

FILED Jan 26 1998 8:00am Secretary of State



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 option 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 releiver of trystee 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 article manning that it is not the corporation of the corpo

6.4 CITY - ST - ZIP

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PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000027852 (0) DOCUMENT # DAVID MARSHALL, INC. NIC 1/8/98 David B. Marshall General Contractor, Inc. Principal Place of Business 1027 NE 43RD PALCE 1027 NE 43RD PLACE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0486836 Not Applicable 26 Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible TV Yes 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARSHALL, DAVID 10764 LAGO WELLEBY DR 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typical or printed name of registered agent and title if approaches (NOTI: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE MARSHALL, DAVID 1.2 NAME NAME 10764 LAGO WELLEBY DR 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TillE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST- 2IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 50000241271 -01/27/98--01018--022 Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 order to 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 of 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.

-15-5x