FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

 Corporation 		0043142 (6)			
Principal Place		Mailing Address			i Tâiri Bérri Aideb aise ileri bisa rabi ase.
1111 N. WEST SUITE 512 TAMPA FL 334		SUITE 512 TAMPA FL 33607-4713	,	3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 02/07/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-3247791	Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Ζ</i> ίρ 24	Country 25		Country 10	Florida Statutes 💢 Ye	or intangible tax under s. 199.032, es. No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New	Registered Agent
MARRIOT	IT, THOMAS E		81 Name 82 Street A	THOMAS E. MAKK Address (P.O. Box Number is Not Accept	10 7 7 able)
715 SHERRILL ST			83	1 N. Westshore Klud	
TAMPA F	-L 33609		Su	ite 512	85 Zip Code
			84 City	mpo	FL 85 Zip Code 33607
11. Pursuant or register	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes,	the above named co	rporation submits this statement for the property the ar	ourpose of changing its registered office
SIGNATURE ,			by the corporation si	poard of directors. Thereby accept the ap	DATE
SIGNATURE	Signature typed or trivilled name of registered as	gent and title it applicable (NOTE:	By the corporation's i	polaric of directors. Thereby accept the applications and applications are applicated when reinstating.	DATE
SIGNATURE 12.	Signature typed or printed name of registered ap	gent and inte it applicable (NOTE:	Registered Agent signature re	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signal in 15000 or presidence of registered as OFFICERS / D MARRIOTT, THOMAS E	gent and title it applicable (NOTE:	Registered Agent signature re 13. 1.1 TiTLE 1.2 NAME	ADDITIONS/CHANGES TO O P. D. THOMAS E. IMARRIOTT IIII N. weetshore Blud.	FFICERS AND DIRECTORS IN 12 The Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signative typed or preladiname of registered as OFFICERS / D MARRIOTT, THOMAS E 715 SHERRILL ST	gent and inte it applicable (NOTE:	Boy stered Agent signature re 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO O P. D. THOMAS E. IMARRIOTT IIII N. weetshore Blud.	FFICERS AND DIRECTORS IN 12 The Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 early; that I arr 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 Eleck 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CiTY-ST-ZIP

SIGNATURE: 7 E. M H Thomas E. MARRIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

4-23-96 8/3-2894355 Date Date Place #

CR2E034 (12/95)