

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000075038 (7)**

1. Corporation Name
MARQUETTE SHORES, INC.



Principal Place of Business

**200 NORTH PARK AVENUE
SUITE 200
SANFORD FL 32771**

Mailing Address

**200 NORTH PARK AVENUE
SUITE 200
SANFORD FL 32771**

2. Principal Place of Business

2a. Mailing Address

21 **204 North Park Avenue**

26 **204 North Park Avenue**

22 Suite, Apt. #, etc.
Suite 100

27 Suite, Apt. #, etc.
Suite 100

23 City & State
Sanford, FL

28 City & State
Sanford, FL

24 Zip
32771

25 Country
U.S.A.

29 Zip
32771

30 Country
U.S.A.

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
06/27/1995

4. FEI Number
59-3275210

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIHLEN, SIDNEY L III
200 NORTH PARK AVENUE
SUITE 200
SANFORD FL 32771**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
204 North Park Avenue

83 Suite
Suite 100

84 City
Sanford, FL

85 Zip Code
FL 32771

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
BENHAM, BENJAMIN O
25725 LAY LAINE DRIVE
ASTATULA FL 34704** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
VIHLEN, SID JR
670 VIHLEN ROAD
SANFORD FL 32771** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 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:

Sid Vihlen, Jr.
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996

407-321-2007

Date

Daytime Phone #

CR2E034 (12/95)