

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

FILED  
Apr 21 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 # P95000060212 (4)

1. Corporation Name  
MARIAN V. EASTWOOD, INC.



Principal Place of Business  
8840 SE BAHAMA CIRCLE  
HOBE SOUND FL 33455  
US

Mailing Address  
50 SE KINDRED STREET SUITE 107  
STUART FL 34994-3007

3. Date Incorporated or Qualified 08/03/1995	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0604436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent KOHL, N D JR 50 SE KINDRED STREET SUITE 107 STUART FL 34994	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED <input type="checkbox"/>	1.2 NAME	
CITY-ST-ZIP	DPS EASTWOOD, MARIAN V 8840 SE BAHAMA CIRCLE HOBE SOUND FL 33455	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	DVP PROVOST, ROBERT S 8840 SE BAHAMA CIRCLE HOBE SOUND FL 33455	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED <input type="checkbox"/>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	DELETED <input type="checkbox"/>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	DELETED <input type="checkbox"/>	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELETED <input type="checkbox"/>	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	DELETED <input type="checkbox"/>	4.2 NAME	
CITY-ST-ZIP	DELETED <input type="checkbox"/>	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	DELETED <input type="checkbox"/>	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	DELETED <input type="checkbox"/>	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS	DELETED <input type="checkbox"/>	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELETED <input type="checkbox"/>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)