LE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ORPORATION NUAL REPORT 1998

STREET ADDRESS

CITY-ST-ZIP



Sandra B. May...am

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000061777 (5)

MARQUIS ENTERPRISES INC

Dilada Dia	(D			nilina Addresa	.							
Principal Place of Business Mailing Address												
701 93RD AVENUE N NAPLES FL 33983				701 93RD AVENUE N NAPLES FL 33963							_	
((((((((((((((((((((••••							L		IN THIS SPACE		
								3. Date Incorporate	d or Qualified			
2. Principal P	lace of Rusin		20	Mailing Address				08/09/1995 4. FEI Number] An	plied For
21				26				65-0654992)		 -	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of State		□ \$8	.75 A	Additional
22				27				b. Certificate of Star	us Desired		ee Re	quired
City & State				City & State				6. Election Campaig				May Be
23		O	28					Trust Fund Contr				o Fees
Zip	Zip Country		29	Zip	30 Country			8. This corporation	•	<u> </u>		angible] No
24 25 25 Name and Address of Currer				J				Personal Property Tax due June 30. Yes				
FD	WARDS, DI				1	91 Nar	ne 🛭	RIGID	511 1	DAVIN	1	
	35-E CR 95						et Addre	ss (P.O. Box Number i				
NAPLES FL 33999							5	455 J	ac er	<u> ? </u>		
					1	B3		•	Q			
					T T	84 City	1			— , 85	Zip	PPP a
44 6			7.00.00 0	07 1000 Florida Ctati	too the ob-	0.40 DDD	/ \	Training submitte this state	amont for the	FL of chan	oing it	e registered
office or r	to the provis	ent, or both, in the	State of Tork	da. Such change was	authorized	by the	orporation	pration submits this state on's board of directors.	I hereby accel	pt the appointme	ent as	registered
į.	m lamiliar w	in, and accept the	obligations of	I, Section 607.0505, F	lorida Statu	tes.			2/11	195		
SIGNATURE∠	Signature, typnd	ordinated name of register	red agent and title	il applicable. (NO	TE Registered	Agent signs	ture require	d when reinstating)		DATE		
12.			S AND DIREC		13.			ADDITIONS/CHAN	IGES TO OFFIC			
TITLE	P			☐ DELETE	1.1 TITL	.E				□ 0	nange	Addition
NAME	KEITH G				1.2 NAA							
STREET ADDRESS		ID AVE. N.				EET ADDRE	SS					
CITY-ST-ZIP	NAPLES	FL		DELETE		r-ST-ZIP				□ CI	nanne	Addition
TITLE				C) percit	2.1 TITL 2.2 NAN						arigo	
NAME STREET ADDRESS						EET ADDRE						
CITY-ST-ZIP						Y-ST-ZIP	~					
TITLE				☐ DELETE	3.1 TITL		1			☐ Cf	nange	Addition
NAME					3.2 NAN	Æ						
STREET ADDRESS	1				3.3 STR	EET ADDRE	ss					
CITY-ST-ZIP						Y-ST-ZIP						
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NAME					4. 2 NA							
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CITY-ST-ZIP			_	DELETE	_	(-ST-ZIP -				☐ Cr	าสกอล	Addition
TITLE				☐ NECESE	5.1 TITU 5.2 NAN					L	Bo	251
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STREET ADDRESS						CET ADDRE Y-S1-ZIP	,.					7
CITY-ST-ZIP TITLE		14.4		DELETE	6.1 TITL		1			□ Cr	nange	Addition
NAME				•	6.2 NAN					_		

14. Hereby certify that the information supplied with this fiting 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 supplied 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 rejeiver 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 only exactly at with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

941-598-4693

FILED

Feb 24 1998 8:00am

Secretary of State

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