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

PROFIT CORPORATION ANNUAL REPORT





LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 25 1998 8:00am Secretary of State

MARJE	SASSER, INC.	0001200 (0)			
Principal Place	e of Business	Mailing Address			Q191 11910 11019 91181 1011 1081
600 HIGHWAY 98 MEXICO BEACH FL 32410		HC3-BOX 151A PORT ST JOE FL 32456		DO MOT MINITE IN THE	e edaci
		U\$		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 11/22/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3368121	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Frust Fund Contribution	Added to Fees
Zip	Gountry	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	B\$ None	10. Name and Address of New Registers	d Agent
SASSER, MARJORIE C			81 Name		
600 HIGHWAY 98			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ME	XICO BEACH FL 32410		83		
	•		84 City	F	E 85 Zip Code
agent Lai SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the oblig	gations of, Section 607.0905, Flo	uthorized by the corporat rida Statutes. Registered Agent's qualitie requir		
12.	OFFICERS AN	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D AACCER MARIONE O	LJ DELETE	1.1 101.1		Change L Addition
NAME	\$ASSER, MARJORIE C 600 HIGHWAY 98		12 NAME		
STREET ADDRESS	MEXICO BEACH FL 32410		1 3 STREET ADDRESS 1 4 City - St - ZiP		
CITY-ST-ZIP TITLE	D DESCRIPTION	DELFTE	21 HILE		Change Addition
NAME	ZIMMERMAN, DONNA		22 NAME		-
STREET ADDRESS	7050 SW 67 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 DITY-ST-ZIP		
TITLE		DELETE	3 1 10 CF		Change Addition
NAME			3.2 NAMI		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DITE	3.4. CITY - \$1 - ZIP		Change Addition
TITLE		ר"] ואונונ	4 1 THUE 4 2 NAME		Change Li Adulton
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS	</th <th>7/1/7</th>	7/1/7
CITY+ST-ZIP			4 4 CHY-SI-7IP	1	14/CL)
TITLE		DHETE	5111111		Change Addition
NAME			52 NAMI	,	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHY - \$1 - ZIP		
TIFLE		□ offete	6 1 TITLE	atina at	Change Addition
NAME			62 NAME		L-ZAML,≸ Micor
STREET ADDRESS			6.3 STREET ADDRESS	-06/26/95+-01023+ ***153.60	97 to
CITY-ST-ZIP			6.4 CITY - ST-7IP	有事的人员, 其其	

14. Thereby 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 arrural report or supplemental infinited report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 attactment with an address.

11.60