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

Mailing Address
C/O JOSEPH E. ROTH, CPA

11595 KELLY RD #121

FT MYER\$ FL 33908-2539

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016004 (9)

ALAN C. MARSHALL, INC.

Principal Place of Business

1211 SE 35TH ST

CAPE CORAL FL 33904

02/19/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business <u>65 - 064 475</u> Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 24 25 29 9. Name and Address of Current Registered Agent **B1** ROTH, JOSEPH E 11595 KELLY RD #121 82 FT MYERS FL 33908 83 . Yu yer s 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 millar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE THLE 1.1 TITLE MARSHALL, ALAN C 1.2 NAME NAME 1211 SE 35TH ST 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP 14 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE THILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CHTY-\$1-ZIP 2 4 CTTY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP City - St - ZIP Change DELETE Addition 4.1 TITLE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS C(TY - S1 - 7IP 4.4 CITY-ST-ZIP Addition DELETE TILLE 5.1 TITLE NAM: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-ZIE DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 effect this report as required by Chapter 607, Florida Statutes; and that my name