

3-12-97 B-2940 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024641 (8)**

1. Corporation Name

MARC'S PARADISE CAFE, INC.

Principal Place of Business

**66500 OVERSEAS HWY #11
LONG KEY FL 33001**

Mailing Address

**P O BOX 819
LONG KEY FL 33001-0819**



3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

4. FEI Number

65-0653981

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

2. Principal Place of Business

21 73500 Overseas Highway

Suite, Apt. #, etc.

22

City & State

23 Islamorada, FL.

Zip Country

24 33036 25 USA

2a. Mailing Address

26 271 Jasmine Street.

Suite, Apt. #, etc.

27

City & State

28 Tavernier, FL.

Zip Country

29 33070 30 USA

9. Name and Address of Current Registered Agent

**THOMES, TIMOTHY N
99198 OVERSEAS HWY, SUITE 8
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Sign of the signatory or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GREEN, PHYLLIS L**
STREET ADDRESS **66500 OVERSEAS HWY #11**
CITY-ST-ZIP **LONG KEY FL 33001**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Green, Phyllis L.**
1.4 CITY-ST-ZIP **271 Jasmine Street
Tavernier, Fl. 33070** ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 included 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:  **Phyllis L. Green**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 (305) 604-2786
Date Daytime Phone

CR2E034 (9/96)