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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600040423

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90014 036 \*\*\*150.00

1. Corporatio	n Name		*						
MARCO	MORTGAGE SERVICES, I	NC.							
Principal Place of Business Mailing Address									
1104 NO COLLIER BLVD. 1104 NO COLLIER BLVD. MARCO ISLAND FL 33937 MARCO ISLAND FL 33937						DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed	3 01 7102	$\neg \neg$	
						05/09/1996			
2. Principal Place of Business 2a. Mailing Address			Address			4. FEI Number	Apr	plied For	
21	labe of Beamsee	<del>-</del>	[26]			65-0667771	Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A		
22 - City & Stat	ا منوند	27 - City & S	City & State			6. Election Campaign Financing	\$5.00		
	le .	— ·	28			Trust Fund Contribution	Added to	-	
Zip	Country		Zip Country			8. This corporation owes the current year In	ntangible		
24	25	29 30		30	•	Personal Property Tax.		□No _	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	l Ágent			
				81	Name				
DUFAULT, DAN				82	Street Add	Iress (P.O. Box Number is Not Acceptable)			l
847 N COLLIER BLVD					<u> </u>				ĺ
MAF	RCO ISLAND FL 34145			83	3				
				84	City	F	85 Zip C	Code	
44 - D	A. #	ED2 and ED7 1509	Elorida Statutes	the abov	/e-named corr	poration submits this statement for the purpose (	of changing its	registered	ĺ
office or I	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such d	channe was aut	nonzed by	∕ tne corborati	ion's board of directors. I hereby accept the appropriate the	intment as reg	gistered	
SIGNATURE						ed when reinstating) DATE		\	ـ ا
40	Signature, typed or printed name of registered a	agent and title if applicable.  AND DIRECTORS	(NOTE: F	13.	ent signature requin	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	(41/08)
12.	PST			1.1 TITLE	-	Applitoto but to be the section of	Change	Addition	-
NAME	DUFAULT, DANIEL J			1.2 NAME	-	•			
STREET ADDRESS	A TO ALL COLLUES SUUD				ET ADDRESS			İ	27
CITY-ST-ZIP	MARCO ISLAND FL			1.4 C!TY-	ļ				Š
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NAME			2.2 NA		:			1	i
STREET ADDRESS				2.3 STRE	ET ADDRESS				l
CITY-ST-ZIP	-			2. 4 CITY-	ST-ZIP				
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NAME				3.2 NAME		•			ĺ
STREET ADDRESS	.			3.3 STRE	ET ADDRESS				l
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				ı
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NAME			•	4, 2 NAM	•				
STREET ADDRESS				4.3 STRE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				-
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NAME				5.2 NAME			-		1
STREET ADDRESS					ET ADORESS				ł
CITY-ST-ZIP			<del></del>	5.4 CITY-			——————————————————————————————————————		}
TITLE			□ DELETE	6.1 TITLE	1		Change	☐ Addition	1
NAME	1			6.2 NAME					ļ
STREET ALUNCAS					ET ADDRESS				
OUTLY OF THE	i .			6.4 CITY-	ST-ZIP				1

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 /22/99 3 94-8//8

Date | 3 94-8//8