## 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 # P96000049560

MARSH & MARSH, INC.

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90139 025 \*\*\*150.00



						AND DAILS BILL BRU	
Principal Place of Business Mailing Address							
287 BATTLE GROVE DRIVE 287 BATTLE GROVE DRIVE DAVENPORT FL					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/11/1996		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied Fo	or I
21		26			59-3385186	Not Applica	able
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-5:- Certificate of Status Desired	8.75 Additions	
22		27			G. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	<b>55.00</b> May Be	,
23		28			Trust Fund Contribution Added to Fees		
Zip 	Country	Zip	Country	•	8. This corporation owes the current year Intangib		
24	25	29 3	<u>0</u> }		Personal Property Tax.		1
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Age	<u>.t</u>	
LAVIGNE, JAMES R ESQ.				Name	_		
5401 SOUTH KIRKMAN ROAD, SUITE 500 ORLANDO FL 32819			82	Street A	eet Address (P.O. Box Number is Not Acceptable)		
			93				
			83	}			{
			84	City	FL  81	Zip Code	
office or r	to the provisions of Sections 607,050; registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autl	norized by	the corpor	orporation submits this statement for the purpose of char ation's board of directors. I hereby accept the appointme	ging its register at as registered	ed
SIGNATURE		ALONE D			uired when reinstating) DATE	<del> —</del>	-
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Ri	13.	nt signature req	uired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 1	12
TITLE	D OFFICERS AN	DELETE	1.1 TITLE			Change	
NAME	MARSH, JOHN ROBERT	<u></u>	1.2 NAME		_		l
	5 KELSTONE ROAD KEYNSHAI	NA.		TADORESS			ĺ
STREET ADDRESS	BRISTOL BS18 2JH UNITED KII		Ŀ				}
CITY-ST-ZIP TITLE	D DIGIOL BOID 2311 CHILED IVII	DELETE	1.4 CITY- S 2.1 TITLE	1-212		Change Ad	ddition
NAME	MARSH, GAIL ELIZABETH	CJ Decaye	2.2 NAME	!			ļ
	5 KELSTONE ROAD KEYNSHAI	VI	1	TADDRESS			1
STREET ADDRESS	BRISTOL BS18 2JH UNITED KI			···	استنا الاحاد وفيتت ولالتنت		- }
CITY-ST-ZIP	BRISTOL BS 18 23H UNITED KII	DELETE	2.4 CITY-S 3.1 TITLE	51-ZIP		Change	ddition
			3.2 NAME	Ì	3		-
NAME				TADDRESS			ł
STREET ADDRESS				i			ĺ
CITY-ST-ZIP		☐ DELETE	3.4, CITY-5 4.1 TITLE	31-7IP		Change	ddition
		Control	4.7 ITLE	İ	3	-٠٠-	
NAME			•	T ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-21		Change [1] Ad	dition
		C percie	5.1 HILE 5.2 NAME			go	
NAME			•	TADDRESS			Ì
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	ddition
TITLE		O Decele	6.2 NAME	ļ	J		-3.0011
NAME			•	TADDRESS			
STREET ADDRESS			6.3 STREE	J			
OTT / 710	1		■ KACHY-S	i_ /  -			

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:

9414240467