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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000057066 (8)

MARCHILLE, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



2/27/08

1800 SOUTH OCEAN BLVD: #1605-POMPANO BEACH FL 32062 1909-SOUTH OCEAN BLVD: #1505 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Principal Place of Business APPLIED FOR Applied For 2804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current fear Intangible Name and Address of Current Registered Agent rowalo Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent MURPHY, TRAVIS M 205 1/2 CENTRE STREET Street Address (P.O. Box Number is Not Acceptable) 82 FERNANDINA BEACH FL 32034 83 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 11 TITLE N. 46 Aue C-325 wood Pl 33021 KOLTUNOVSKY, KATHERINE E NAME 12 NAME 1900 SOUTH OCEAN BLVD: #1505 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH EL 33062 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 fustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.