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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90065 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086096

1. Corporation Name
MARQUIS MORTGAGE, INC.



Principal Place of Business 5220 SAN JUAN AVE JACKSONVILLE FL 32210 US	Mailing Address 5220 SAN JUAN AVE JACKSONVILLE FL 32210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/06/1997	
4. FEI Number 59-3471990		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

ISAACS, KIM D
6197 ELLIS AVE.
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name	Kim D. ISAACS
82 Street Address (P.O. Box Number is Not Acceptable)	9857 CRESSWELL LN N.
83	
84 City	JACKSONVILLE
85 Zip Code	FL 32221

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 Kim D. Isaacs
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	ISAACS, GERALD D	1.2 NAME	GERALD D. ISAACS
STREET ADDRESS	6197 ELLIS AVE	1.3 STREET ADDRESS	9857 CRESSWELL LN N.
CITY-ST-ZIP	CALLAHAN FL 32011	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32221
TITLE	VS	2.1 TITLE	VS
NAME	ISAACS, KIM D	2.2 NAME	KIM D. ISAACS
STREET ADDRESS	6197 ELLIS AVE	2.3 STREET ADDRESS	9857 CRESSWELL LN, N.
CITY-ST-ZIP	CALLAHAN FL 32011	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32221
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	ADDRESS CHANGE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 provided 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report, or on an attachment with an address, with all other like empowered.

SIGNATURE Gerald Isaacs GERALD ISAACS 1/13/99 904-389-1942
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)