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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105874 (6)

NICE OF MARCO, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 950 N. COLLIER BLVD. #202 950 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/16/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0829839 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HAUSLER, GARY J 950 N. COLLIER BLVD. #202 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 83 City 85 Zip Code 6 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered at the obligations of, Section 607.0505, Florida Statutes. office or registered agent, or both, it agent. I am familiar with, and agent. 11. Pursuant to the provisions of So OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 ToTLE nys, Jules o 1.2 NAME NAMÉ 100 N. COLLIER BLVD. #PH 2 STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STASSEN, MARIA M NAME 22 NAME 100 N. COLLIER BLVD. #PH 2 STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TATLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 chapted, or on an attachptor with an address.