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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Apr 25 1997 8:00am Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # \$37570** (6)MARJON SUBS. INC. Principal Place of Business Mailing Address 1800 N. ROOSEVELT BLVD. 1800 N. ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33010-3631 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1991 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0256499 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, ☑ Yes ☐ No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LONG, MARIE 1800 N. ROOSEVELT BLVD. Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 85 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, Fiorida Statutes. Jani. of registered again and title if applicable (NOTE Registered Agent signature required w OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 T(T) F THUE NAME LONG, MARIE 1.2 NAME STREET ADDRESS 1800 N. ROOSEVELT BLVD. 1.3 STREET ADDRESS KEY WEST FL CHY SE-ZP 1.4 CITY - ST - ZIP DELETE Channe Addition TO LE 21 TITLE NAM: LONG, MARIE 2.2 NAME 1800 N ROOSEVELT BLVD STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 2 4 CITY-ST-ZIP CITY: ST: ZIE DELETE Change Addition THE 3.1 TITLE 3 2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4 CITY-ST-ZIP C-TY - ST - 74P DELETE Change Addition Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - 74P DELETE Change Addition 5 1 TITLE THLE 5.2 NAME NAMi 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY: 51-20 DELETE 6.1 TITLE Change ___ Addition LILE NAMI 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City St. 78

14. Lido hereby certify that the information supplied with this filling 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver in 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, of on an attact tient with an address.

SIGNATURE:

医过程检查性 SIGNING OFFICER OF DIRECTOR

FILED