

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$37570

1. Corporation Name

MARJON SUBS, INC.

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## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90016 019 \*\*\*150.00



Mailing Address				
1800 N. ROOSEVELT BLVD. KEY WEST FL 33040		DO NOT WRITE IN THIS	SPACE	
		3. Date Incorporated or Qualifed		
		03/11/1991		
2a. Mailing Address		4. FEI Number	. Applied For	
26	_	65-0256499	Not Applicable	
Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip C	ountry	This corporation owes the current year Into Personal Property Tax.	angible □Yes □No	
ent Registered Agent		10. Name and Address of New Registered	Agent	
	81 Name			
LONG, MARIE 1800 N. ROOSEVELT BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)		
	83			
	84 City	FL	85 Zip Code	
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Co	1800 N. ROOSEVELT BLVD. KEY WEST FL 33040  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 rent Registered Agent  81 Name 82 Street Address 83	1800 N. ROOSEVELT BLVD.  KEY WEST FL 33040  DO NOT WRITE IN THIS:  3. Date Incorporated or Qualifed  03/11/1991  2a. Mailing Address  26  Suite, Apt. #, etc.  27  City & State  Zip  Zip  Country  28  Trust Fund Contribution  8. This corporation owes the current year Inta Personal Property Tax.  rent Registered Agent  10. Name and Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)	

ayent. Fai	in familial with, and accept the obligations of, occupit our tools, from					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature r	re required when reinstating) DATE			
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	LONG, MARIE	1.2 NAME				
STREET ADDRESS	1800 N. ROOSEVELT BLVD.	1.3 STREET ADDRESS	ss			
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP				
TITLE	VP DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	LONG, MARIE	2.2 NAME				
STREET ADDRESS	1800 N ROOSEVELT BLVD	2.3 STREET ADDRESS	ss			
CITY-ST-ZIP	KEY WEST FL	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	يون بيرسيد وسد ها د د د سد	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	si			
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE	Change Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS	ss			
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	. Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS	35			
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TIPLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	55			
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 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.