

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # **S45396** (6)
1. Corporation Name
MARQUIS CENTER, INC.



Principal Place of Business: **6060 JEFFERSON AVE. STE. 1005 NEWPORT NEWS VA 23605 US**
Mailing Address: **P.O. BOX 70 PORT ST. JOE FL 32456 US**

3. Date Incorporated or Qualified: **04/16/1991**
3a. Date of Last Report: **08/08/1995**
4. FEI Number: **59-3059816**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: **HEEKIN, JAMES F., JR. 215 NORTH EOLA DRIVE ORLANDO FL 32802**

10. Name and Address of New Registered Agent (81-85)

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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEELEY, HUBERT E.	
STREET ADDRESS	2775 GARRISON AVE.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DASUTA, KAMBRAH	
STREET ADDRESS	6060 JEFFERSON ST., STE. 1005	
CITY-ST-ZIP	NEWPORT NEWS VA 23605	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, CAROLE A	
STREET ADDRESS	2775 GARRISON AVE.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8428 Sea Glen Drive
2.4 CITY-ST-ZIP	Las Vegas, NV 89128
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6060 Jefferson Ave, Su 1005
3.4 CITY-ST-ZIP	Newport News, Va 23605
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carole A. Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96 804-245-0100
Date Filed Phone

CR2E034 (12/95)