FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89437** **(5)**

1. Corporate Name
MARIGOLD, INC.

Principal Place of Business	Mailing Address
703 1/2 DUVAL STREET KEY WEST FL 33040	703 1/2 DUVAL STREET KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 08/05/1994
4. FEI Number: 65-0293056 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

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. 199.032, Florida Statutes — Yes / No ✓

9. Name and Address of Current Registered Agent

CHELEKIS, DENISE
703 1/2 DUVAL STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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, Florida Statutes.

SIGNATURE: [signature] DENISE CHELEKIS 5/1/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D	CHELEKIS, DENISE	703 1/2 DUVAL ST.	KEY WEST FL 33040
D	CHELEKIS, MICHAEL	703 1/2 DUVAL STREET	KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change / Addition) — blank

14. I hereby certify that the information supplied with this filing 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: [signature] DENISE CHELEKIS 305-296-8269 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000070 CP