

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

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Secretary of State

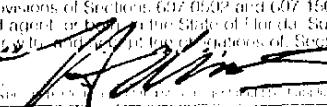
PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 389437 1. Corporation Name MARIGOLD INC	

Principal Place of Business Key West, FL	Mailing Address 703 1/2 DUVAL ST KEY WEST FL 33040
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2. Principal Place of Business 21 703 1/2 Duval St Suite, Apt. #, etc. 22 City & State Key West FL 23 Zip 33040 24 Country US	2a. Mailing Address 26 703 1/2 DUVAL ST Suite, Apt. #, etc. 27 City & State KEY WEST FL 28 Zip 33040 29 Country US
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9. Name and Address of Current Registered Agent Susan Cardenas, ATTY 221 Simonton St Key West FL 33040

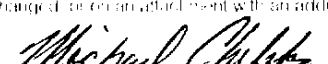
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 11/91	
4. FEI Number 65-6293056	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
10. Name and Address of New Registered Agent 81 Name TRACY J. ADAMS, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 617 Whitehead Street 83 84 City Key West 85 Zip Code 33040	

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, as 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 provisions of Section 607.0505, Florida Statutes.	
SIGNATURE  TRACY J. ADAMS	DATE 5/13/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE DENISE CHELEKIS PRESIDENT 1201 THOMPSON ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE V.P. MICHAEL CHELEKIS 1201 THOMPSON ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 700002542797 -06/01/98--01119--007 ***150.00
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached sheet with an address.	
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SIGNATURE:  MICHAEL CHELEKIS	DATE 3/25/98	DAYTIME PHONE # 305-296-3116
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CR2E034 (10/97)