	PROFIT	E AFTER		<u> </u>	^	ILED
COF	RPORATION			ARTMENT OF STATE B. Mortham	Feb 23 I	.998 8:00am
ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUMENT # V17514			(3)			
MARCO	D BEACH ASSOCIATES, I	INC.				
Principal Plac	e of Business	Maili	ng Address			HAT REPAIL REALE AND EL DER LE DE
			NORTH COLLIER BLVD. X0 ISLAND FL 34145		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. M	ailing Address	"_ • · · · · · · · · · · · · · · · · · ·	02/28/1992 4. FEI Number	Applied For
1		26			65-0329168	Not Applicable
Suite, Apt. #, etc. 2 City & State		27	Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired Status Desired Fee Regulred	
3	,,,,,,,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29		Country 30	B. This corporation owes or has p Personal Property Tax due June	30. Yes No
	9. Name and Address of Cur LLOY, WILLIAM T	rrent Register	ed Agent	81 Name	10. Name and Address of New Re	egistered Agent
900	NORTH COLLIER BLVD. RCO ISLAND FL 34145			82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
				1841 City		85 Zin Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.	1508, Florida Statu	84 City	cooration submits this statement for the	FL 85 Zip Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607. ate of Florida. Digations of, S	1508, Florida Sta tu Such change was ection 607.0505, F	utes, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acce	
agent. I a SIGNATURE	to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the of Signature, typed or printed name of registered	bligations of, S	ection 607.0505, F	utes, the above-named co		purpose of changing its registered pt the appointment as registered
agent i a SIGNATURE	m familiar with, and accept the of Signature, typed or printed name of registered OFFICERS	bligations of, S	ection 607.0505, F oplicable. (NC DRS	utes, the above-named co authorized by the corpora lorida Statutes. DTE: Registered Agent signature req 13.		purpose of changing its registered pt the appointment as registered
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