

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90011 030 ***150.00

DOCUMENT # V32049

1. Corporation Name

KAYE MARSHALL, LICENSED REAL ESTATE BROKER, INC.

Principal Place of Business

9136 DEMARET
NEW PORT RICHEY FL 34655
US

Mailing Address

5649 S. ROVAN PT.
LECANTO FL 34461
US

NOTE NEW ADDRESSES

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1992

4. FEI Number

59-3119602

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1720 BROADLEAF CT

2a. Mailing Address

26 P.O. Box 1427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey FL

City & State

28 ELFERS FL

Zip Country

24 34655 25 U.S.

Zip Country

29 34680 30

9. Name and Address of Current Registered Agent

MARSHALL, KAYE
5649 S. ROVAN PT.
LECANTO FL 34461

NOTE NEW ADDRESSES

10. Name and Address of New Registered Agent

81 Name KAYE MARSHALL
82 Street Address (P.O. Box Number is Not Acceptable)
9610 MIDIRON CT
83
84 City New Port Richey FL 85 Zip Code 34655

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 Kaye Marshall - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-99

12. OFFICERS AND DIRECTORS

TITLE TSDP President
NAME MARSHALL, SANDRA K
STREET ADDRESS 5649 S. ROVAN PT.
CITY-ST-ZIP LECANTO FL - New Port Richey FL 34655

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Kaye Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (211) 376-8327

CR2E034 (11/98)

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