


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

FILED

**Mar 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V66895 (6)

1. Corporation Name
MARQUIS MANAGEMENT, INC.



Principal Place of Business 12661 NEW BRITTANY BLVD FT. MYERS FL 33907 US	Mailing Address 12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9400 GLADIOLUS DR	26 9400 GLADIOLUS DR			09/25/1992	
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100			4. FEI Number	
City & State 23 FT MYERS	City & State 28 FT MYERS			65-0373434	
Zip 24 33908	Country			Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STILPHEN, PETER A 12661 NEW BRITTANY BLVD FT MYERS FL 33907				81 Name	PETER A STILPHEN		
				82 Street Address (P.O. Box Number is Not Acceptable)	9400 GLADIOLUS DR		
				83	SUITE 100		
				84 City	85 State	Zip Code	
		FL	33908				

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 officer 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: *Peter A Stilphen* **PETER A STILPHEN** DATE: **2/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILPHEN, PETER A	1.2 NAME	STILPHEN, PETER A
STREET ADDRESS	12661 NEW BRITTANY BLVD	1.3 STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 100
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	VPDR <input type="checkbox"/> DELETE	2.1 TITLE	VPDR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, MICHAEL	2.2 NAME	FLEMING, MICHAEL
STREET ADDRESS	12661 NEW BRITTANY BLVD	2.3 STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 100
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Peter A Stilphen* DATE: **2/3/98** **941-454-1500**

CF2E034 (10/97)