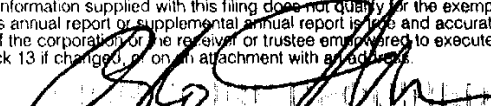


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 590883 (5)			
1. Corporation Name ANGELO MARINO, JR. P.A.			
Principal Place of Business 645 S E 5TH TERRACE FT LAUDERDALE FL 33301		Mailing Address 645 S E 5TH TERRACE FT LAUDERDALE FL 33301-3126	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		10/01/1978	
22 City & State		3b. Date of Last Report	
23 Zip		05/23/1996	
24 Country		4. FEI Number	
25		59-1872489	
26		Applied For	
27		Not Applicable	
28		5. Certificate of Status Desired	
29		☐ \$8.75 Additional Fee Required	
30		6. Election Campaign Financing	
31		☐ \$5.00 May Be Added to Fees	
32		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
33		☐ Yes ☐ No	
34		8. Name and Address of Current Registered Agent	
35		MARINO, ANGELO, JR. 645 S E 5TH TERRACE FT. LAUDERDALE FL 33301	
36		81 Name	
37		82 Street Address (P.O. Box Number is Not Acceptable)	
38		83	
39		84 City	
40		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
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 do 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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
4/27/97 (954) 765-0537			
Date Daytime Phone #			
0258975			

CP2E034 (9/96)