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F COR ANNU	PROFIT PORATION IAL REPORT	Sanora D. Mortilalis			
	•	1 (6)		-	
DOCUMENT # J54984 (6) 1. Corporation Name					
THE	MARCONI LINE, INC.			4 184 (6)8 8)81 81(1) 816(8) (8)81 (8)	LI ARBI ARARI ATARI ATARI ALARI BIRNI BIRNI BIRNI
Discipled Disco	al Division	E-Maria			
Principal Place of Business Mailing Address ** AURELIUS A. MARCON** ** AURELIUS A. MARCON**		NU(*****			
1870 HUNTINGTON LANE -1870 HUNTINGTON LANE					
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955		_	3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pla	on of Dusiness	Las Mallan Addaga		02/03/1987	04/25/1995 Applied For
21 The 1	MaxCani Line	2a. Mailing Address 26 / hr //Av/land	Line-	59-2785742	Not Applicable
Suite, Apt. #	, etc/ + + /	Suite, Apr. #, eV +	+ 1	5. Certificate of Status Desired	\$8.75 Additional
22 /8 7 C	Manlinglon LANE-	27 /8 70 /Junkin	g/on LANC	6. Election Campaign Financing	Fee Required
23 Keck	leage FL	28 Lack ledge	FL.	Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP -7-76	Country	32011	Contry	8. This corporation has liability for in	
24 2/4	g. Name and Address of Current F	29 7/195 Registered Agent	OL/YEVAVCI	Florida Statutes Yes 10. Name and Address of New Re	
		a Marie e a antigenta de la caración	81 Name	The control of the co	The second section of the second seco
EADES, FRANCES M. (PRESIDENT)			82 Street Addr	ress (P.O. Box Number is Not Acceptable	n)
1870 HUNTINGTON LANE ROCKLEDGE FL 32955			83		
HUUNI	LEUGE FL 32800				
			84 Orty		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,0502 ar ed agent, or both, in the State of Florida.	nd 607.1508, Florida Statutes, Such change was authorized	the above named corpor by the corporation's boar	ration submits this statement for the purp rd of directors. Thereby accept the appo	ose of changing its registered office introductions
familiar wit	h, and accept the obligations of, Section	607.0505, Florida Statutes.			
SIGNATURE _	Styriature, typed or printed name of registered agent and	Intion applicable (NOTE	Fagistored Apent signature in Jurce	diwher revishding)	DATE
12.	OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TITLE	EADES, FRANCES, M		1 1 TITLE 1 2 NAME		The country of the co
STREET ADDRESS	1870 HUNTINGTON LANE		1.3 STREET ADDRESS		E034
CITY-ST-ZiP	ROCKLEDGE FL		1.4 CITY- ST-ZIP		Change Addition
TITLE	VD Marconi, Mark R	☐ DEFETE	2 1 10.6		Change Addition
NAME STREET ADDRESS	1870 HUNTINGTON LN		2.2 NAME 2.3 STREET ADDRESS		
CITY-SI-ZP	ROCKLEDGE FL		2.4 CITY - ST - ZIP		
TP*LE	T	☐ DEFELE	3 1 10/1.6		Change Addition
NAME CIRCLI ADDROGGO	EADES, JAMES 1870 HUNTINGTON LANE		3.2 NAME		
STREET ADDRESS CITY-ST-7IP	ROCKLEDGE FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
1ITLE	S	☐ DELETE	4 1 TITLE		Change Addition
NAME	RAFFAELE, PETER, JR		4.2 NAME		
STHEET ADDRESS	1870 HUNTINGTON LANE ROCKLEDGE FL		4.3 STREET ADDRESS		
CHTY - ST - ZIP TITLE	VD	DELETE	4 4 CITY - ST - ZIP 5 1 TILLE		Change Addition
NAME	MARCONI, ERNEST		S 2 NAME		
STREET ADDRESS	1870 HUNTINGTON LANE		5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	ROCKLEDGE FL	☐ DELETE	5 4 CrlY - S1 - 7/P 6 1 T TLE	,	Change Addition
NAME			6.2 NAME		4.
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		11.5 Fr	6.4 CITY - ST - 7IF	1107	27(2)((A) Flacida Chables (Andhas

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DEREGATION.

1-12-96 1-407-639-1130