

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

**FILED**  
**Mar 25 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 # **P93000022920**  
 1. Corporation Name  
**Marlo Consulting, Inc.**

Principal Place of Business Mailing Address  
**10855 Stafford Cir. N. Boynton Beach FL 33436**     **10855 Stafford Cir N Boynton Beach 33436**

2. Principal Place of Business 2a. Mailing Address  
 21. State Apt. #, etc. 26. Suite, Apt. #, etc.  
 22. City & State 27. City & State  
 23. Zip 28. City & State  
 24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified **3/24/1993** 3a. Date of Last Report **2/28/96**  
 4. FEI Number **65-0401631** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Stuart Gottlieb Esq**  
**222 Lakeview Ave**  
**Suite 260**  
**West Palm Beach FL 33401**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P</b> <b>Gagliardi, Mario P.</b>
STREET ADDRESS	<b>10855 Stafford Circle N.</b>
CITY, ST, ZIP	<b>Boynton Beach FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V</b> <b>Gagliardi, Lorraine M</b>
STREET ADDRESS	<b>Boynton Beach FL</b>
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST</b> <b>Gagliardi, Lorraine M.</b>
STREET ADDRESS	<b>10855 Stafford Cir N</b>
CITY, ST, ZIP	<b>Boynton Beach FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>900002123629</b>
5.3 STREET ADDRESS	<b>-03/25/97--01051--028</b>
5.4 CITY-ST-ZIP	<b>***165.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Mario P. Gagliardi** **3/2/97** **561 369 5809**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)