

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

FILED
Feb 23 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 # **P97000002827 (8)**

1. Corporation Name

MAROONE MANAGEMENT SERVICES, INC.



Principal Place of Business

**450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

Mailing Address

**450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

2. Principal Place of Business	2a. Mailing Address
21 110 SE Sixth St.	26 110 SE Sixth St.
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
Zip	Zip
24 33301	29 33301
Country	Country
25	30

4. FEI Number **65-0721017** 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	P Michael E. Marone
STREET ADDRESS		1.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	James A. Cole
STREET ADDRESS		2.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Kathleen Hyle
STREET ADDRESS		3.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	Thomas W. Hawkins
STREET ADDRESS		4.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

[Signature]

2/17/98 954-769-6000

CFR2034 (10/97)