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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90019 031 ***150.00

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 436956

1. Corporation Name

CITY-ST-ZIP

MARCELLO PROPERTIES, INCORPORATED

						ALI WINIS BLUSI WINIS LAND	
Principal Place of Business Mailing Address							
102 E CAMP S		102 E CAMP ST.				•	
LAKE CITY FL 32055		LAKE CITY FL 32055			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	~ .	
					09/25/1973		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26		26			59-1507049 Not Applical		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	8.75 Additional	
22 27						Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangit		
24	25	11	30		Personal Property Tax.		
-	9. Name and Address of Current	registered Agent	81	Name	IV. Haile and Address of New Registered Ager	-	
MAR	CELLO, DR. JOHN A.		82				
102 E CAMP ST				Street Addr	ress (P.O. Box Number is Not Acceptable)	÷_	
LAKE CITY FL 32055				:			
200			83	•			
	Najvojejski se popularija seste ga	and the second second	84	City	E1 85	Zìp Codé	
	· · · · · · · · · · · · · · · · · · ·	-	the above	a_named com	poration submits this statement for the purpose of char	ging its registered	
office or i	registered agent, or both, in the State o	f Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the appointme	nt as registered	
SIGNATURE	•				. <u></u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				nt signature require	d when reinstating) DATE	DEOTODO IN 46	
12.	OFFICERS AND			 	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12 Change	
TITLE	PD	(T) DEFE IC	1.1 TITLE		,	Shange	
NAME	MARCELL, DR. JOHN A.		1.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP	LAKE CITY FL .	□ DELETE	1.4 CITY-S	ST-ZIP		Change Addition	
TITLE	VD	☐ DELETE	2.1 TITLE			Sharige Addition	
NAME	COUEY, ADELAIDE E		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS .			
CITY-ST-ZIP	LAKE CITY FL	□ pereze	2. 4 CITY-1	ST-ZIP		Change [] Addition	
TITLE	SD	☐ DELETÉ	3.1 TITLE		. □ ·	Change	
NAME	COUEY, KEVIN JOHN		3.2 NAME				
STREET ADDRESS	1 14 11 11 11			TADDRESS		The Control of	
CITY-ST-ZIP	LAKE CITY FL	——————————————————————————————————————	3.4. CITY-	ST-ZIP		Change Fill Adellates	
TITLE	TD	☐ DELETE	4.1 TITLE			Change Addition	
NAME	COUEY, KEITH J		4, 2 NAME	•			
STREET ADDRESS	14 E MONROE ST		4.3 STREE	TADDRESS			
CITY-ST-ZIP	LAKE CITY FL	,	4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TTTLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	; • *		5.4 CITY-S	ST-ZIP			
TITLE		· DELETE	6.1 TITLE			Change	
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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, with all other like empowered.