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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED	
Feb 05 1998 8:00an]
Secretary of State	

MARCO	DUX REALTY, INC.				
Principal Plac	e of Business	Maiting Address	,	4 CODIAN DIRDE NAME SADEN NAME DENSE NAME SANT BIDS	E STORE BLOTH STORE BLOTE BLOSE 1001
1135 PASADE	ena avenue	1135 PASADENA AVENUE		·	
SUITE 240 SUITE 240 ST PETERSBURG FL 33707 ST PETERSBURG FL 33707			DO NOT WRITE IN T	HIS SPACE	
OI PETENODI	UNG FL 33707	SI PETENSBUNG PL 33/U/		3. Date Incorporated or Qualified	1.10 01.7(0)
				10/25/1976	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1706283	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
23	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 30	¬	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registe	red Agent
MA	RCOUX, CLARA L.		B1 Name		
118	35 PASADENA AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ITE 240				
ST	PETERSBURG FL 33707		83		
			84 City		85 Zip Code
Ad Discussion	1. No. 2007 010	O and CO7 1500 Flade Chatter			FL 85 Zip Code
office or r	egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was aut	, the above-named corp horized by the corporati	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.		-
SIGNATURE	Signature, typed or printed name of registered age	ust and title if applicable (NOTE: F	Registered Agent signature require	pd when reinstating) DA	7£
12.	OFFICERS ANI		I 13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PDS	DELET E	1.1 TITLE		Change Addition
NAME	MARCOUX, CLARA L.		1.2 NAME		
STREET ADDRESS	4950 GULF BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG BEACH		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	MARCOUX, CLARA L.		2.2 NAME		
STREET ADDRESS	4950 GULF BLVD.		2.3 STREET ADDRESS		
CITY-ST-Z#P	\$T. PETERSBURG BEACH,	DELETE	2.4 City-SI-ZiP 3.1 Title		Change Addition
TITLE NAME		C Diffit	3.1 IIILE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CRTY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP		
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 ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.