

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 630019

(8)

1. Corporation Name

MARNO REALTY, INC.

Principal Place of Business

C/O LEIFER  
19667 TURNBERRY WAY 3L  
N. MIAMI BCH. FL 33180

Mailing Address

C/O LEIFER  
19667 TURNBERRY WAY 3L  
N. MIAMI BCH. FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1979

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2579051

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

2. Principal Place of Business

21 208-01 Biscayne Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 N. MIAMI BEACH, FL

City & State

28 City & State

Zip

24 33180

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CHASE, JODI L.  
3641 OCLEON DR.  
TALLAHASSEE FL 32308

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEIFER, MARSHA  
STREET ADDRESS 54 FLEMING CT  
CITY-ST-ZIP PALM COAST FL

TITLE PTD  
NAME HOLCOMB, LORI SUE  
STREET ADDRESS 2740 EVERETT LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VSD  
NAME LEIFER, PAUL  
STREET ADDRESS 19667 TURNBERRY WAY #3L  
CITY-ST-ZIP N. MIAMI BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME LEIFER MARSHA  
1.3 STREET ADDRESS 19667 TURNBERRY WAY 3L  
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33180

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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:

Paul Leifer

1/23/1995 305.931.2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER