

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90019 020 ***550.00

0089417

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 678579

1. Corporation Name
MARCO FLUID POWER, INC.

Principal Place of Business: 7902 HOPI PL, TAMPA FL 33634, US
 Mailing Address: P O BOX 15616, TAMPA FL 33684, US



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
7902 HOPI PL		P O BOX 15616		07/15/1980	
TAMPA FL 33634		TAMPA FL 33684		4. FEI Number	
US		US		59-2031129	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
25		29		\$5.00 May Be Added to Fees	
26		30		8. This corporation owes the current year Intangible Personal Property.	
27		31		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARLEWSKI, LAWRENCE S. MARCO FLUID POWER INC 4306 ASHBY LANE TAMPA FL 33624				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

I, 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: _____
 Signature, typed or printed name of registered agent and title if applicable.

2. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	PD	MARLEWSKI, LAWRENCE S.	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS		4306 ASHBY LANE		1.2 NAME			
Y-ST-ZIP		TAMPA FL		1.3 STREET ADDRESS			
LE	VD	MARLEWSKI, BARBARA A.	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
REET ADDRESS		4306 ASHBY LN.		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Y-ST-ZIP		TAMPA FL		2.2 NAME			
LE			<input type="checkbox"/> DELETE	2.3 STREET ADDRESS			
REET ADDRESS				2.4 CITY-ST-ZIP			
Y-ST-ZIP				3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE			<input type="checkbox"/> DELETE	3.2 NAME			
REET ADDRESS				3.3 STREET ADDRESS			
Y-ST-ZIP				3.4 CITY-ST-ZIP			
LE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REET ADDRESS				4.2 NAME			
Y-ST-ZIP				4.3 STREET ADDRESS			
LE			<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
REET ADDRESS				5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Y-ST-ZIP				5.2 NAME			
LE			<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
REET ADDRESS				5.4 CITY-ST-ZIP			
Y-ST-ZIP				6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE			<input type="checkbox"/> DELETE	6.2 NAME			
REET ADDRESS				6.3 STREET ADDRESS			
Y-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Lawrence S. Marlewski* (SIGNED) MARLEWSKI, LAWRENCE S. MARLEWSKI 6/30/99 813.889.8989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)