

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

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

03-08-1999 90077 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # 843029

1. Corporation Name
MARCONA OCEAN INDUSTRIES, LTD.



Principal Place of Business Mailing Address
 2101 W SR 434 2101 W SR 434
 STE 103 STE 103
 LONGWOOD FL 32779 LONGWOOD FL 32779
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1979

4. FEI Number Applied For
94-6296579 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **360 E. Graves Ave** 26 **360 E. Graves Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Ste B** 27 **Ste B**
 City & State City & State
 23 **Orange City FL** 28 **Orange City FL**
 Zip Country Zip Country
 24 **32763** 25 **USA** 29 **32763** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, J. STEVEN	1.2 NAME	
STREET ADDRESS	2101 W SR 434 STE 103	1.3 STREET ADDRESS	360 E. Graves Ave Ste B
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, MICHAEL E	2.2 NAME	
STREET ADDRESS	2101 SW SR 434 STE 103	2.3 STREET ADDRESS	360 E. Graves Ave Ste B
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JODI C.	3.2 NAME	
STREET ADDRESS	2101 SR 434 STE 103	3.3 STREET ADDRESS	360 E. Graves Ave Ste B
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Jodi C. Frost
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODI C Frost, Secretary

Date

Daytime Phone #

1/14/99 9047749290

CR2E034 (11/98)