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

DOCUMENT # 1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

F05976

(8)

MARCIANO REALTY, INC.

Principal Plac	ce of Business	Mailing Address		
STAM PARES	HINE-0 1.	11234-LAKEOHIRE OT.		
FT. MYERS F	L 88818 -	FT. MYERS FL 80010		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
				11/19/1980
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number Applied For
21		26		59-2044341 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5, Certificate of Status Desired Fee Required
City & Stat	le	City & State	\	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Ζip	Country	This corporation owes or has paid the current year Intangible
24	25		10	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 181 Name				
MARCIANO, RALPH J				
117744_AKESHIRE GOURT 22 Street Address (P.O. Box Number is Not Acceptable)				
FT MYERS-83948-				
84 City FT MYERS FL				MYERS FL 85 Zip Code 33 908
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 agent the obligations of, Section 607.0505. Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if appropriate. (NOTE, Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 THILE	☐ Change ☐ Addition
NAME	MARCIANO, RALPH J.		1.2 NAME	,
STREET ADDRESS	1 1771 LAKESHIRE COUR T		1.3 STREET ADDRESS	19911 HERON LAINE
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY - ST - ZIP	17711 HERON LANG HT MYGKS FR 33908 Change Addition
TITLE	Ť	☐ DELETE	2.1 TITLE	Change Addition
NAME	Marciano, vera r		2.2 NAME	
STREET ADDRESS	1 1771 LAKEOHIRE COUR T		2.3 STREET ADDRESS	PT MYERS PL 33908
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	PT MYERS PT 33908
TITLE	DVS	☐ DELETE	3.1 TITLE	Change Addition
NAME	MARCIANO, VERA R		3.2 NAME	
STREET ADDRESS	11771-LAKESHIRE GOURT		3.3 STREET ADDRESS	19911 HERON CANE
CITY-ST-ZIP	FT. MYERS FL		3.4. DITY-ST-ZIP	19911 HERON LANG FT. MYER PL 33908
TITLE		☐ DELETÉ	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

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 suppliemental 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Change

Change

Addition

___ Addition

FILED

Apr 15 1998 8:00am

Secretary of State