

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

55 MAY 10 AM 10:35

DOCUMENT # J56366

(4)

MARDON ENTERPRISES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**5422 CARRIER DR #306
P.O. BOX 13804
ORLANDO FL 32819**

Mailing Address
**5422 CARRIER DR #306
P.O. BOX 13804
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Inc. Incorporated or Qualified **02/11/1987** 3a. Date of Last Report **05/01/1994**

4. FET Number **59-2644856** Applied For ☐ Not Applicable ☐

5. Certificate of Status (Fees) ☐ **\$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

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

24. Zip Code 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CICOTTI, MARIO
5422 CARRIER DR #306
ORLANDO FL 32819**

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(3), Florida Statutes, this 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 607.01(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. NAME **D
CICOTTI, MARIO
5422 CARRIER DR #306
ORLANDO FL**
2. NAME **D
CICOTTI, BRUNO
5422 CARRIER DR #306
ORLANDO FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Sections 199.03(2)(a) Florida Statutes. I further certify that the information included 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 this corporation or the named or named corporation at the time this report is required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of this corporation or the named or named corporation at the time this report is required by Chapter 607, Florida Statutes.

SIGNATURE: *BCCICOTTI* **BCCICOTTI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 407-352-3415