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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K57562 (6)

1. Corporation Name
MARINELLI REAL ESTATE ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| Principal Place of Business 1901 SW 1ST AVE 2100 N. DIXIE HWY FT LAUDERDALE FL 33315 US | | Mailing Address P.O. BOX 350335 FT. LAUDERDALE FL 33335 US | |
| 2. Principal Place of Business 21 2700 W. ATLANTIC BLVD. Suite, Apt. #, etc. 22 *200-45 City & State 23 Pompano Beach, FL Zip Country 24 33069 25 US | | 2a. Mailing Address 26 2700 W. ATLANTIC BLVD. Suite, Apt. #, etc. 27 *200-45 City & State 28 Pompano Beach, FL Zip Country 29 33069 30 US | |

3. Date Incorporated or Qualified

01/11/1989

4. FEI Number

65-0097565

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARINELLI, ORLANDO MICHAEL
1909 SW 1ST AVE
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Marion Marinelli

82 Street Address (P.O. Box Number is Not Acceptable)

7352 Valencia Drive

83

84 City

Boca Raton

FL

85 Zip Code

33433

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 *Marion Marinelli*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARINELLI, ORLANDO M. | 1.2 NAME | |
| STREET ADDRESS | 2010 NE 7TH AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DANIA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARINELLI, ANTONIO M. | 2.2 NAME | Marinelli, A.M. |
| STREET ADDRESS | 2010 NE 7 AVENUE | 2.3 STREET ADDRESS | 2700 W. ATLANTIC BLVD. # 200-45 |
| CITY-ST-ZIP | DANIA FL | 2.4 CITY-ST-ZIP | Pompano Beach, FL 33069 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Marion Marinelli Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 7352 Valencia Drive |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Boca Raton, FL 33433 |
| 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.

SIGNATURE:

Marion Marinelli

CR2E034 (10/97)