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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K57562

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

MARINELLI REAL ESTATE ASSOCIATES, INC.

				, , , , , , , , , , , , , , , , , , ,	•	
Principal Place	of Business	Mailing Address			•	
Z/OU W ATEMNTO DEVO #200-10		2700 W ATLANTIC BLVD #200	-4 5			
POMPANO BCH FL 33069		US			DO NOT WRITE IN THIS SPACE	
US		00		3. Date Incorporated or Qualifed		
				01/11/1989		
2. Principal Pla	on of Rusiness	2a. Mailing Address		4. FEI Number	Applied For	
	ace of Business	26	• •	65-0097 <u>565</u>	Not Applicable	
Suite, Apt. #	f ata	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
- ¬ ' ' '	, ac.	27		5. Certificate of Otation Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	•	28		Trust Fund Contribution	Added to Fees	
23 Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible	
	25	29 30		Personal Property Tax.	Yes No	
24	9. Name and Address of Curren			10. Name and Address of New Registered	Agent	
	g, realite directions		81 Name			
· · · MARI	ON MARINELLI		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
7352 VALENCIA DR			SZ Suber Ad		40 July 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
	A RATON FL 33433		83		了。我们就能销	
, 555.					85 Zip Code	
	·		84 City	F	L ·	
	007.050	22 and COZ 1509 Florida Statutes	the above-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered	
11. Pursuant	to the provisions of Sections 607.050	of Florida. Such change was aut	horized by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statutes.	•		
SIGNATURE			egistered Agent signature requ	ired when reinstating) DATE		
SIGNATORE	Signature, typed or printed name of registered age			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.		ND DIRECTORS	13.	ADDITIONATION	☐ Change ☐ Addition	
TITLE	PD	- Deterie	1.2 NAME			
NAME	MARINELLI, A.M.		1			
STREET ADDRESS	2700 W ATLANTIC BLVD #200)-45	1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL 33069		1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	D	☐ DELETÉ	2.1 TITLE			
NAME	MARION MARINELLI		2.2 NAME			
STREET ADDRESS	7352 VALENCIA DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE		☐ DELETE	3.1 TITLE		□ Citalige □ : in all a	
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	マン・アン・マン・スクリング カンド		
			3.4. CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change 1 Addition	
TITLE			4. 2 NAME			
NAME			4.3 STREET ADDRESS	•		
STREET ADDRESS	·[4.4 CITY-ST-ZIP	·		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
TITLE	İ		5.2 NAME			
NAME	1		_			
			5.3 STREET ADORESS	÷		
STREET ADDRESS	3 .		5.3 STREET ADORESS			
STREET ADDRESS CITY-ST-ZIP	5 .	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

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 inchanged, or on an attachment with an address, with all other like empowered.

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90016 050 ***150.00