

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M27622** (3)

1. Corporation Name
JOHN P. MARINELLI, P.A.



Principal Place of Business: **1615 FORUM PLACE**
~~48~~
WEST PALM BEACH FL 33409
US

Mailing Address: **1615 FORUM PLACE**
~~48~~
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified: **02/20/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2655423** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** *3-B*

Suite, Apt. #, etc.: **27** *3-B*

City & State: **23**

City & State: **28**

Zip: **24** *33401* Country: **25**

Zip: **29** *33401* Country: **30**

9. Name and Address of Current Registered Agent

MARINELLI, JOHN P.
1615 FORUM PLACE
~~48~~
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

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

83 *SUITE 3-B*

84 City **FL** **85** Zip Code *33401*

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when terminating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI, JOHN P.	12. NAME	
STREET ADDRESS	1615 FORUM PLACE #48	13. STREET ADDRESS	<i>1615 Forum Pl #3B</i>
CITY-ST-ZIP	WEST PALM BEACH FL	14. CITY-ST-ZIP	<i>33401</i>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI, JOHN P.	22. NAME	
STREET ADDRESS	1615 FORUM PLACE #48	23. STREET ADDRESS	<i>1615 Forum Pl #3B</i>
CITY-ST-ZIP	WEST PALM BEACH FL	24. CITY-ST-ZIP	<i>33401</i>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John P. Marinelli* ps. **4-28-96** (407) 683-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)