


FILED
May 18 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 # M27622 1. Corporation Name JOHN P. MARINELLI, P.A.		(3)	
Principal Place of Business 1615 FORUM PLACE WEST PALM BEACH FL 33401 US		Mailing Address 1615 FORUM PLACE WEST PALM BEACH FL 33401 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 500-B City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 500-B City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent			
MARINELLI, JOHN P. 1615 FORUM PLACE SUITE 3-B WEST PALM BEACH FL 33401		81 Name 82 Street Address 83 84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its registered agent, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and the agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ <small>Signature, typed or printed name of the principal agent and to be affixed to the signature required by the statute.</small>			
OFFICERS AND DIRECTORS			
12. <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. <input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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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.