

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 # **M73862** (8)

1. Corporation Name

MARCUCCI ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~1725 DEL PRADO BLVD~~
CAPE CORAL FL 33990

~~1725 DEL PRADO BLVD~~
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

03/25/1988

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **2109 Del Prado Blvd**

26 **2109 Del Prado Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Cape Coral, FL**

28 **Cape Coral, FL**

Zip

Country

Zip

Country

24 **33990**

25 **Lee**

29 **33990**

30 **Lee**

4. FEI Number

65-0049302

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fees Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUCCI, VINCENT D.

~~1725 DEL PRADO BLVD~~
CAPE CORAL FL 33990

81 Name

Marcucci, Vincent D.

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

2109 Del Prado Blvd.

83

84 City

Cape Coral

FL

85 Zip Code **33990**

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

☒

Vincent D. Marcucci

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **MARCUCCI, VINCENT D.**

STREET ADDRESS ~~1725 DEL PRADO BLVD~~

CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ DELETE

NAME **MARCUCCI, VINCENT D.**

STREET ADDRESS ~~1725 DEL PRADO BLVD~~

CITY-ST-ZIP **CAPE CORAL FL**

TITLE **S** ☐ DELETE

NAME **MARCUCCI, JUDITH A.**

STREET ADDRESS ~~1725 DEL PRADO BLVD~~

CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

2109 Del Prado Blvd

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2109 Del Prado Blvd

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

2109 Del Prado Blvd

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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

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:

Vincent D. Marcucci

Vincent D. Marcucci

941-772-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)