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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000014655	(3)
4 Corporation Namo		

MARCO POLO PRO MANAGEMENT, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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2977 SW 137TH LANE **OCALA FL 34473** 

2. Principal Place of Business

PAVICIC, MARKO

**OCALA FL 34473** 

2977 SW 137TH LANE

Suite, Apt. #, etc.

City & State

21

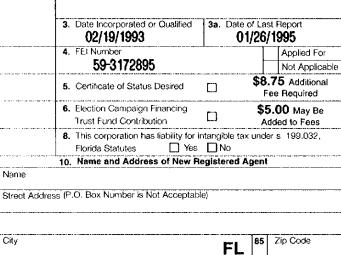
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2977 SW 137TH LANE OCALA FL 34473



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

Country

81 Name

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84 City

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	Signatura, typed or printed name of registered agont and		IL: Registered Agent signature required		
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	☐ DELETE	1. 1 TITLE	. Change	Addition Addition
NAME	PAVICIC, MARKO		1.2 NAME		
STREET ADORESS	2977 SW 137TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34473		1.4 CHY+SF-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE	Change	Addition
NAME	PAVICIC, KATICIA		2.2 NAME		
STREET ADDRESS	2977 SW 137TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34473		2.4 CITY-ST-ZIP		
ITLE		☐ DELETE	3 1 TITLE	Change	Addition
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TILE		DELETE	4. 1 TITLE	Change	Addition
IAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIF		
ITLE		DELETE	5. 1 TITLE	☐ Change	Addition
IAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
SITY-ST-ZIP			5.4 CHY-ST-ZIP		
ITLE		DELETE	6. 1 TITLE	☐ Change	☐ Addition
IAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - 7 iP		

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 chapter 5, or on an attachment with address.

SIGNATURE:

ICER OR DIRECTOR

-30-96 Davime Priorie #