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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014655 (3)

MARCO POLO PRO MANAGEMENT, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			{			
2977 SW 137	TH LANE	2977 SW 137TH LANE							
OCALA FL 34473		OCALA FL 34473							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2 Principal P	lace of Business	2a Mailing Address	2a. Mailing Address			02/19/1993 4. FEI Number Applied For			
21	idop di Dositioss		26			59-3172895		├	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			SR 75 Additional			
22		} 1	27			5. Certificate of Status Desired			equired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	try		8. This corporation owes or has p	aid the c	urrent year In	itangible
24	25		30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cur	rent Registered Agent		11 1	Name	10. Name and Address of New F	egistere	d Agent	
	VICIC, MARKO		8	" '	Marrie				
	77 SW 137TH LANE		8	2 3	Street Addres	s (P.O. Box Number is Not Accept	ıble)		
ÜÇ	ALA FL 34473		8	2					
			ľ	٦					
			8	4 (City		F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607 1508. Florida Statute	s the abo	IVe-n	named corpora	ation submits this statement for the			its registered
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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and late it applicable (NOTE R 12. OFFICERS AND DIRECTORS				vgent s	eignature required i	ADDITIONS/CHANGES TO OFF	DATE CERS AN	ID DIRECTOR	DS (N. 12
TITLE	D	☐ DELETE	13.	:		ADDITIONAÇÕI IANGES TO OTT	OLI IO AI	Change	Addition
NAME	PAVICIC, MARKO		1.2 NAME	E				_ •	
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CITY-ST-ZIP	OCALA FL 34473		1.4 CITY-	1.4 CITY-ST-ZIP					i
TITLE	D	DELETE	2.1 TITLE					Change	Addition
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STREET ADDRESS			4.3 STREE		[
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STREET ADDRESS			6.3 STREE		NRESS !				
CITY-ST-ZIP	ν.		6.4 CITY-		•				
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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 of the receiver or trustee of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, from an attachment with an address.