## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90053 003 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

MARCO MOVIES, INC.							
Principal Place of Business Mailing Address							
2500 TAMIAMI TRAIL NORTH 2500 TAMIAMI TRAIL NORTH							
SUITE 112 NAPLES FL 34103			SUITE 112 NAPLES FL 34103				DO NOT WRITE IN THIS SPACE
US			US				3. Date Incorporated or Qualifed
							03/12/1993
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.			26				65-0407771 Not Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Countr	У		8. This corporation owes the current year Intangible
24	25 29 30						Personal Property Tax.
	9. Name and Address of Current	Regis	tered Agent		-T		10. Name and Address of New Registered Agent
LIGHTMAN HARVEY D				. 8	1	Name	
HOFFMAN, HARVEY B					2	Street Ad	ddress (P.O. Box Number is Not Acceptable)
2500 TAMIAMI TRAIL NORTH					1		<u> </u>
SUITE 112				8:	3		·
NAPLES FL 34103				84	4	City	85 Zip Code
							FL   S   Z   P   S   S   S   S   S   S   S   S   S
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							
					ent	t signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		□ DECE IE	1.1 TITLE		ĺ	
TOWN TOWN NOT I CHAPT 440				1.2 NAME			
STREET ADDRESS 2500 TAMIAMI TRAIL NORTH SU						ADORESS	
CITY-ST-ZIP NAPLES FL 34103		1.4 CIT			-ZIP	☐ Change ☐ Addition	
TITLE	VP		I'' AETE IE	2.1 TITLE			Solution Character
NAME	HANSEN, JON F			2.2 NAME			
STREET ADDRESS 178 EDGEMERE WAY S.				2.3 STREET ADDRESS			
VIII OI Zi			2.4 CITY-ST-ZIP		T-ZIP	SY Manage ☐ Addition	
			3.1 IHLE			S Hambrus CHARLES	
NAME	OHOMINAT, OHATEEO		3.2 NAME			ZOLF LOWISIDE Dr.	
CHIEF PRICES			3.3 STREET ADDRESS 2		ADDRESS	s Humway, CHARLES 304 Courside Dr. NADIES, Fl. 34105	
C/TY-ST-ZIP	NAPLES FL 34105		☐ DELETE	3.4. CITY		T-ZIP	Change Addition
TITLE				4.1 TITLE		1	
NAME				4. 2 NAMi			· ·
STREET ADDRESS						ADORESS	
CITY OF TID	İ			A A CITY.	ST	T_7IP	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

(941) 645-5868

Addition

☐ Addition

Change

☐ Change