

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 # **P93000036648 (2)**

1. Corporation Name

MARCATI KG, INC.



Principal Place of Business

**27657 OLD US 41
BONITA SPRINGS FL 33923**

Mailing Address

**P.O. BOX 2507
BONITA SPRINGS FL 33959**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

**ROM, FRANZ
300 NW 107TH AVE.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0577843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee 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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 in block, last name first, and initials

Date of Signature (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**MARCATI, L
27657 OLD US 41
BONITA SPRINGS FL 33923**

☐ DELETE

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11.1 TITLE

11.2 NAME

13.1 STREET ADDRESS

14.1 CITY - ST - ZIP

21.1 TITLE

21.2 NAME

23.1 STREET ADDRESS

24.1 CITY - ST - ZIP

31.1 TITLE

31.2 NAME

33.1 STREET ADDRESS

34.1 CITY - ST - ZIP

41.1 TITLE

41.2 NAME

43.1 STREET ADDRESS

44.1 CITY - ST - ZIP

51.1 TITLE

51.2 NAME

53.1 STREET ADDRESS

54.1 CITY - ST - ZIP

61.1 TITLE

61.2 NAME

63.1 STREET ADDRESS

64.1 CITY - ST - ZIP

☐ Change ☐ Addition

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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 in an attachment with an address.

SIGNATURE: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (12/95)