

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000038955 (9)

1. Corporation Name

MARCO EQUIPMENT, INC.

Principal Place of Business

5850 ORANGE DRIVE
SUITE B
DAVIE FL 33314

Mailing Address

5850 ORANGE DRIVE
SUITE B
DAVIE FL 33314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/02/1993		05/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0485302		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CATINELLA, FRANCA 8227 SAN CARLOS CIRCLE TAMARAC FL 33321				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 name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PTD	1.1 TITLE	
NAME	CATINELLA, FRANCA	1.2 NAME	
STREET ADDRESS	8227 SAN CARLOS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	VSM	2.1 TITLE	
NAME	MAROANDOLA, JACQUELYN	2.2 NAME	MAROANDOLA, JACQUELYN
STREET ADDRESS	13950 SW 14TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Franca Catinella
9-15-97 (0610) 337 8033

CR2E034 (4/97)