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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000050432 (2)**

1. Corporation Name
GARY MARZO, INC.

Principal Place of Business	Mailing Address
1277 S.W. BILTMORE STREET PORT ST. LUCIE F 34983	P.O. BOX 8955 PORT ST. LUCIE FL 34985-8955

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business
21 1290B-SW Biltmore St.
22 Suite, Apt. #, etc.
23 City & State: Port St. Lucie,Fl.
24 Zip: 34983 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0434155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARZO, GARY
621 S.W. KENYOUN ST.
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: Marzo, Gary
82 Street Address (P.O. Box Number is Not Acceptable): 1290B-SW Biltmore St.
83
84 City: Port St. Lucie, Fl. FL 85 Zip Code: 34983

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: Gary Marzo - Gary Marzo Pres. 4-9-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARZO, GARY P.O. BOX 8955, 621 SW KENYOUN ST. PORT ST. LUCIE FL 34985	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Marzo,Gary P.O. Box 8955, 1290B SW Biltmore St. Port St. Lucie, Fl. 34985	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HEATH, WILLIAM P.O. BOX 8955, 358 JOHNSTON ST. PORT ST. LUCIE FL 34985	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VARRICCHIO, RAYMOND P.O. BOX 8955, 1642 SE SHEPARD LANE PORT ST. LUCIE FL 34985	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARZO, LYNN P.O. BOX 8955, 621 SW KENYOUN ST. PORT ST. LUCIE FL 34985	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Marzo,Lynn P.O. Box 8955, 1290B-SW Biltmore St. Port St. Lucie, Fl. 34985	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Gary Marzo /Gary Marzo 4-9-97 (561) 465-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #