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

Mailing Address
12800 UNIVERSITY DR.

FORT MYERS FL 33907-5343

SUITE 350

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

09/06/1994

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000065288** (0)

MARCO SSP, INC.

Principal Place of Business

12800 UNIVERSITY DR.

FORT MYERS FL 33907

SIGNATURE:

SUITE 350

z, rimeiparriat	Principal Place of Business				2a. Mailing Address					4. FEI Number	[ [Ap	plied For	
21				26					- 1	65-0519727	No	t Applicable	
Suite, Apt. #.	Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
22	2			27						5. Certificate of Status Desired	Fee Re	quired	
City & State	City & State				City & State					6. Election Campaign Financing	\$5.00	May Be	
23				28						Trust Fund Contribution	Added t	o Fees	
Z(p	Country Zip					Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30						Florida Statutes Yes No						
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
fAILON, NODENI M								81 Name					
12800 UNIVERSITY DR.							82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 350													
FORT MYERS FL 33907							3					l	
							84 City						
							ــــــــــــــــــــــــــــــــــــــ				FL   C		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>								named cor he corpora	rpor. ation	ation submits this statement for the purp n's board of directors. I hereby accept t	pose of changing it he appointment as	s registered registered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE  Styr after: typed or perferd name of regulated agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  DATE													
							gent	signature requ	uired		DATE	E IN 10	
12.	DC	OFFICERS AN	DINECT	OHS DEL	ETC	13.		<del></del>		ADDITIONS/CHANGES TO OFFICE	Change	Addition	
1		ODEDT M		רין הכר	EIT.	11 TATLE					ш слануе	LI ADOMON	
	TAYLOR, ROBERT M ss   12800 UNIVERSITY DR., STE. 350					1.2 NAME						İ	
n i			ijŪ					idress					
		RS FL 33907		T I DEL	FTC	1.4 CITY -		ZIP			Change	Addition	
	DP	m. (A.T.)		DEL	.tit	2.1 TITLE					T rusuda	] Addition	
	BOGOTT, 1			2.3.5			2.2 NAME					ļ	
STREET ADDRESS	12800 UNP	versity dr., ste. :	550				2.3 STREET ADDRESS						
	FORT MYE	ns fl		1 000		2.4 CITY		ZIP			T A	1 2 7 60	
	DVST			[] DEF	.ETE •	3.1 TITLE		-			☐ Change	Addition	
	KRICHBAUM, RICHARD E						3.2 NAME						
		versity dr., ste. :	550	3.			3.3 STREET ADDRESS						
	FORT MYERS FL 33907						3.4. CITY-ST-ZIP				——————————————————————————————————————		
Tillé				[_] DEL	Ł ſĒ	4.1 TITLE		-			Change	☐ Addition	
NAME						4. 2 NAM	IE						
STREET ADDRESS						43 STREE	ET AD	ODRESS					
CITY-SI-ZIP						44 CITY-	- ST-	ZIP			·····		
TITLE				DEL	.ETE	5.1 TITLE	Ξ				Change	Addition	
NAME						5.2 NAME	E						
STREET ADDRESS						5.3 STREE	et ad	odress				Ì	
CHY- \$1-20	<b></b>					5.4 CITY	- ST-	ZIP					
TOTLE				DEL	.ETE	6.1 TITLE					Change	Addition	
NAME						6.2 NAME	E						
STREET ADDRESS						6.3 STREE	ET AC	DORESS				ļ	
CITY - S* - ZIP						6.4 CITY-							
14. Lao hereby	certify that	the information supplie	d with this	filing does n	ot qualify	for the ex	xem	ption state	ed in	Section 119.07(3)(i), Florida Statutes.	further certify that	the	
Information Lam an offi	indicated of icer or direct	or of the corporation of	the recei	ikai arinuai rej ver or trustee	empower	ed to exe	oure Bout	ie this repo	airn orta	ly signature shar have the same legal e is required by Chapter 607, Florida Stat	utes; and that my r	uer oain; inat name	
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.													