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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005562 (0)

MARCO INVESTMENTS, INC.

Principal Place of Business Mailing Address 13913 BARNYARD AVE. 9349 DENTON AVE. **UNIT 11** HUDSON FL 34867-1305 HUDSON FL 34667 3a. Date of Last Report 3. Date Incorporated or Qualified 01/18/1995 08/06/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3287339 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zρ Country 210 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DREW, KELLY 6441 WOODLAND LN Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 83 84 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: typicalize printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE MARCO, PHILLIP 1.2 NAME NAME 13913 BARNYARD AVE 1.3 STREET ADDRESS STREET ADDRESS **HUDSON FL** 1.4 CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-S1-ZIP DELETE Addition 4.1 TITLE Change TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME MAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY- ST-ZIP City-St-Z# DELETE Change ___ Addition 10116.1 TITLE HAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Dillip D Marco Acs 4-30-97 813-8162-16950

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