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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000024158 (4)**

MARFIONE, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Malling Address 932 36TH CT. SW 932 36TH CT. SW VERO BEACH FL 32968 VERO BEACH FL 3296 US			1963	AP 5				
					3. Date Incorporated or Qualified		eport	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-3310376			plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	····		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution			May Be	
23 Zip 24	Country 25	Zip 29	Country	,	This corporation has liability for Florida Statutes		under s.	
24	9. Name and Address of Curren		1301		10. Name and Address of New I			
	PRATION INFORMATION SERV		81	Name				
1201 H	AYS STREET HASSEE FL 32301		82 83		ress (P.O. Box Number is Not Accept	able)		
11. Pursuant to	the provisions of Sections 607 050	2 and 607.1508, Florida Stati	utes, the abov	e-named corr	poration submits this statement for the	FL 85	nging its	Code s registered
SIGNATURE Sol	in an typed organic diname of registered age OFFICERS ANI	int and lifte if applicable (NC			tion's board of directors. I hereby acc red when reinstating) ADDITIONS/CHANGES TO OF	DATE		
	MARIFONE, ANTHONY	L_] DELETE	1.1 TITLE 1.2 NAME				Change	☐ Addition
STREET MEGICAS	1141 16TH STREET 13-5 /ERO BEACH FL 32960			ADDRESS				
Title		DELETE	1.4 CITY - 1 2.1 TITLE	1. Gir		П	Change	Addition
NAME N	AARIFONE, SUSAN 1141 16TH STREET 13-5	E DESERTE	2.2 NAME				o na ngo	
N ALT THROW ELLO	ERO BEACH FL 32960			ADDRESS				
CITY S1-7/F		DELETE	2.4 CITY- 3.1 TiTLE	21-4Ir			Спалде	Addition
NAME		tend socials	3.2 NAME	1				
STREET ADORESS				ADDRESS				
CITY-ST-ZIF			3.4. CITY -	1				
THE		DELETE	4.1 TITLE	F) E11			Change	Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP			4.4 CITY-1	1				
TillE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME				-	
STREET ADDRESS				ADDRESS				
City-S1-7iP			5.4 CITY -					
THAT		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				ADDRESS				
City St-73			6.4 CITY-	}				

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: