


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000024158 (4) 1. Corporation Name MARFIONE, INC.		

Principal Place of Business 832 36TH CT. SW VERO BEACH FL 32968 US	Mailing Address 832 36TH CT. SW VERO BEACH FL 32968 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1995	
4. FEI Number 59-3310376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/24/1995	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name Susan Marfione 82 Street Address (P.O. Box Number is Not Acceptable) 1736 17th Place S.W. 83 84 City Vero Beach FL 85 Zip Code 32968			

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]* *Susan Marfione* *3/27/98*
Signatures of persons authorized to change registered office and agent, if any (delete) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE D NAME MARFIONE, ANTHONY STREET ADDRESS 4141 16TH STREET 13-5 CITY-ST-ZIP VERO BEACH FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE P/D 1.2 NAME Marfione, Anthony 1.3 STREET ADDRESS 1736 17th Pl. S.W. 1.4 CITY-ST-ZIP Vero Beach, Fl 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE D NAME MARFIONE, SUSAN STREET ADDRESS 4141 16TH STREET 13-5 CITY-ST-ZIP VERO BEACH FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE V/T/S/D 2.2 NAME Marfione, Susan 2.3 STREET ADDRESS 1736 17th P. S.W. 2.4 CITY-ST-ZIP Vero Beach, Fl 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 as an attachment with an address.

SIGNATURE *[Signature]* *Susan Marfione* *2/27/98* *5615643058*

CR2E034 (10/97)