## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

P95000061703 (1)

MARNICOHNOTT, INC.



Principal Place	e of Business	Mailing Address			
1545 US HWY 1 1545 US		1545 US HWY 1 VERO BEACH FL 329	60		
				3. Date Incorporated or Qualified 08/09/1995	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 880 17 <sup>12</sup> St.		26 830 177	! <b>51</b> .	65.000003	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oty & State  23 VERO BEACK FL.		City & State  28 VERU BEACH, FL		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country		Zip	Country	8. This corporation has liability for in	
24 329	9. Name and Address of Curre	29 32960	30 USA	Florida Statutes Yes	
	g, Name and Address of Corre	in negistered Agent	81 Name	10. Name and Address of New R	egistered Agent
ANTONINO, MARLA 1545 US HWY 1			A/	TARLA ANTONINO	
				82 Street Address (P.O. Box Number is Not Acceptable)	
	BEACH FL 32960		83	00 112 31	
TENO	DEMOTT E SESSO		04 01		
ı I			84 City VE	ERO BEALT, FL	FL   85   Zip Code   3249 ا
familiar wi	MARUA A. ANT Signature typed or printed have a phregion of au-	tion 607.0505, Florida Statules ONINO  ELITERAÇÃO  ID DIRECTORS	Marlo Can	and of directors. Thereby accept the appointment of the property of the proper	Jen 14th 1996
TITLE	PTD	DELETE	1 1 TIFLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	ANTONINO, MARLA		1.2 NAME		Can orienge reset on
STREET ADDRESS	1545 US HWY 1			880 17th ST.	
CITY-SI-ZIP	VERO BEACH FL 32960			VERO BEACH, FL. 32940	
TITLE	VD	☐ DELFTE	2 1 TiTuE	TEN DERONI ( 30 NV	Change Addition
NAME	MARSHALL, JOHN		2.2 NAME		
STREET ADDRESS	1545 US HWY 1		2 3 STREET ADDRESS	880 17th ST.	
CITY-ST-ZIP	VERO BEACH FL 32960		2.4 CITY - ST - ZIP	VERO BEALM, FL. 3296	0
TITLE	SD	🔀 DELETE	3 1 Tr'LE		Change Addition
NAME	BLAIR, SCOTT E		3.2 NAME		
SIRFE1 ADDRESS	1545 US HWY 1		3.3 STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32960		34 CITY ST- ZIP		
TITLE	D	🔀 DELETE	4 1 littE		Change Maddition
A-141C	ANTONIALO MICUOLAS		4.2 NAM5		
NAME	ANTONINO, NICHOLAS		4.5 145,1517		
STREET ADDRESS	1545 US HWY 1		4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		□ M 110	4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		Chron Cada
STREET ADDRESS CITY-ST-ZIP TITLE	1545 US HWY 1	☐ DEVELE	4 3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE		☐ Change ☐ Addition
STREET ACORESS CITY-ST-ZIP TITLE NAME	1545 US HWY 1	□ DEVELE	4 3 STHEET ADDRESS 4 4 CITY - ST - ZIP 5 1 TILLE 5 2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS	1545 US HWY 1	☐ DEVELE	4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1545 US HWY 1	☐ DEVELE	4 3 STHEET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STHEET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
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I do hereby certify that the information supplies with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s). 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 cath; that I am an officer or director of the proporation or the proporation or the proporation or the proporation or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an autofation with an address.

IGNATURE:

| SIGNATURE | SIGNATURE NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Dire

SIGNATURE: <