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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	UAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS			ı	Secretary of State
		00001435 (1)				
ROBER	IT M. MARCONI, P.A.					
Principal Plac	ce of Business	Mailing Address				
13320 SW 12 MIAMI FL 331		13320 SW 128 STREET MIAMI FL 33186			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						01/07/1997
Zi Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For
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 \$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible
24	9 Name and Address of Curr		30			Personal Property Tax due June 30. Yes IV No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 81 Name				ame	10. Halle and Address of New Heylestered Agent	
	DONNELL, MAUREEN 321 \$ DIXIE HWY STE 209			10 0		1 (9 O B. N. 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
	AMI FL 33186		l°	12 St	reet Add	dress (P.O. Box Number is Not Acceptable)
***************************************			8	13		
			8	4 C	ty	■■ 85 Zip Code
44 0	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(00) 007 4500 5	l_		·	
office or	registered agent, or both, in the Sta	tic of Florida, Such change was a	os, the abo juthorized l	ove-na	med corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
· ·	ат та тяват with, ало ассерт те объ	igations of, Section 607.0505, Fig	rida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title Japplicable (NOTE	: Registered A	Agent sig	nature requi	ired when reinstating) DATE
12.	T	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE TE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	MARCONI, ROBERT M 13320 SW 128 STREET		1.2 NAM			
CITY-ST-ZIP	MIAMI FL 33186		1.3 STRE		i i	
TITLE	MINIMITE 30100	DELETE	_	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME			l l	2.2 NAME		
STREET ADDRESS			2 3 STRE	2 3 STREET ADDRESS		
CITY-\$T-ZIP			2. 4 CITY	<u>/-s</u> t-zi	Р	·
TITLE	DELETE 3.110		3.1 TITLE	E .		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD		IESS	
CITY-ST-ZIP	 	DOLLAR		3.4. CITY - ST - ZIP		
TITLE	{ · · · · · · · · · · · · · · · · · · ·		- 1	4.1 TITLE		Change Addition
NAME Street adoress				4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE		DELETE 5.1 TITLE			Change Addition	
NAME	1		5.2 NAME			The state of the s
STREET ADDRESS			5.3 STRE		ESS	
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE	DELE		6.1 TITLE			Change 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 on an attachment with an address.

62 NAME

63 STREET ADDRESS

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

3/21/98

FILED

Apr 24 1998 8:00am