PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017884

 Corporation 	n Name					
MAGRO MARBLE ART CONSULTING, INC.				s annu nic 13d 18til 18til 18til 18til 18til 18til	Di ester ellen inning af	215 1 1251
Principal Place	n of Rusiness	Mailing Address			EL HIOH INGOLUDIAN I	5611 B1B1 1631
1716 CAPE CO		1716 CAPE CORAL PARKW	ΔY			
CAPE CORAL F		CAPE CORAL FL 33904		DO NOT WOLTE IN TH	e enace	
				DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualified 02/21/1997		-
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	App	lied For
21	· ·	26		59-3502107	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Req	
City,&.Stat		City & State		6. Election Campaign Financing	\$5.00 M	Any Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible □Yes [⊃No
24	[25]	[29]	30	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	r wedtztelen wileut	81 Name			
FEN:	STREBUSCH, ALAN K		नम ।	RANK J. ALOIA, ESO.		
1412 VIKING COURT			82 Street Add	ress (P.O. Box Number is Not Acceptable) 16 Cape Coral Parkway		1
–	E CORAL FL 33904		83	<u> </u>		
					1001 = 0	
			84 City Ca	pe CoralF	L 85 Zip Ci)4
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its r	egistered
office or n	egistered agent, or both, in the State of	of Florida, Such change was a	ithorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as regi	stered
	In facilities with and acceptate obligation	2015 201, October 007.0000, 170	NO CIDIGIOS.	•	4/16/99	, [
SIGNATURE	Signature, typed or printed refine of pigitalisted agent	t and title if applicable. (NOTE	Registered Agent signature require			
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS		Addition
TTLE	PSTD	☐ OELETE	1.1 TITLE		☐ Change	□ ADOIDON
NAME	MAGRO, GUENTER		1.2 NAME			.
STREET ADDRESS	1716 CAPE CORAL PARKWAY		1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	CAPE CORAL FL 33904	DELETE	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ NETE 15	2.1 TITLE		4 ,22,94	
NAME			2.2 NAME			1
STREET ADDRESS			2.3 STREET ADDRESS			}
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TYLE		☐ Change	Addition
IUTE		, Profits	32 NAME			
NAME			13 STREET ADDRESS			_ <u></u> }
STREET ADORESS			34. CITY-ST-ZIP		•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE	-	☐ Change	☐ Addition
NAME			4.2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP			44 CITY-ST-ZIP			l
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS.						
			5.3 STREET ADDRESS	,		.
			5.3 STREET ADDRESS 5.4 CITY- ST-ZIP			
CITY-ST-ZIP		☐ DELETE		·	☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY- ST-ZIP		☐ Change	Addition

4. I hereby certify that the information supplied with this filing does not qualify on 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90029 007 ***150.00