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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000039364 (9)

MARCELLO'S, INC.

Principal Place of Business	Mailing Address
2221 POMEROY ROAD	2221 POMEROY ROAD

**FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			4 1001120f ilm lättt tabit abrit britt abrit abrit abrit abrit abrit abrit stile stile bilit ater febr			
2221 POMERO		2221 POMEROY ROAD				
Spring Hill	FL 34609	SPRING HILL FL 34609				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/01/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59 - 3457 263 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	C	intry		Trust Fund Contribution
_	25	29	30	n iu y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	g. Name and Address of Current	<del></del>	130]	г		10. Name and Address of New Registered Agent
741	RCONE, MARCELLO			81	Name	
	21 POMEROY ROAD			82	- Co	- (DO D. Al Archadol II)
	RING HILL FL 34609			62	Street Ad	dress (P.O. Box Number is Not Acceptable)
Ų, i	WITCHELL CHOOL			83		
				84	City	85 Zip Code
					•	<b>FL</b>  ;
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						
12.	Signature, typed or printed name of registered agon OFFICERS AND		E: Registere	d Age	nt eignature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1	TLF		Change Addition
NAME	MIFSUD, MARIA G	<b>_</b>	1.2 N			
STREET ADDRESS	18310 AUTUMN LAKE BLVD.			-	ADDRESS	' ·
CITY-ST-ZIP	HUDSON FL 34667			ITY-\$1		
TITLE	D	DELETE	2.1 71			☐ Change ☐ Addition
NAME	ZARCONE, MARCELLO		2.2 N	AME	1	
STREET ADDRESS	2221 POMEROY ROAD		2.3 ST	TREET	ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609		2.40	HTY-S	IT-ZIP	
TITLE	D	DELETE	3.1 Ti	TLE		☐ Change ☐ Addition
NAME	ZARCONE, DONNA L		3.2 N	AME		
STREET ADDRESS	2221 POMEROY ROAD		3.3 \$1	TAEET	ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	There are		ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 11			Change L. Addition
NAME	1		4.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE	····	DELETE		ITY-SI	I-ZIP	Change Addition
NAME		- servi	5.1 TITLE 5.2 NAME		ļ	_ Crange _ nouncil
STREET ADDRESS			- 1		ADDRESS	
CITY-ST-ZIP			1	ITY-SI		
TITLE		DELETE	6.1 TI		, - <u>E</u> .(f	Change Addition
NAME	·	-	6.2 N		ľ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY - ST		
		<del></del>				The state of the s

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 truetge 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 or an attachment with an address.

SIGNATURE:X

的时候,这一个人的时候,我们就是一个时候,我们就是一个时间,我们就是一个时间,我们也是一个人的,我们就是一个人的,我们就是一个人的,这是一个人的,我们也是一个人的 一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们也是