

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000048802 (7)

1. Corporation Name
STEVEN W. MARINELLO, INC.

Principal Place of Business
4763 NW 5TH PL.
COCONUT CREEK FL 33063

Mailing Address
4763 NW 5TH PL.
COCONUT CREEK FL 33063



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1997

4. FEI Number
65-0757914
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 212 WHITE BLOSSOM CIR
Suite, Apt. #, etc.

22 City & State
BRYANT AR

23 Zip
72022

24 County
B

2a. Mailing Address

26 212 WHITE BLOSSOM CIR
Suite, Apt. #, etc.

27 City & State
BRYANT AR

28 Zip
72022

29 Country
30

9. Name and Address of Current Registered Agent

MARINELLO, STEVEN W
4763 NW 5TH PL.
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name MARINELLO STEVEN W.
82 Street Address (P.O. Box Number is Not Applicable)
3601 W. HILLSBORO BLVD
B-209
83 City COCONUT CREEK FL
84 Zip Code 33063

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 provisions of Section 607, Florida Statutes.

SIGNATURE

Signature of the person filing this report is required when registering.

(NOTE: Registered Agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME MARINELLO, STEVEN W
STREET ADDRESS 4763 NW 5TH PL.
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MARINELLO STEVEN
1.3 STREET ADDRESS 212 WHITE BLOSSOM CIR.
1.4 CITY-ST-ZIP BRYANT AR, 72022

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 liquidator 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 the statement of my address.

SIGNATURE

Signature of the person filing this report

16-287

571-847-1379

CR2E034 (10/97)