

5/21/1999 3:50 PM

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Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90009 017 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045248

1. Corporation Name

MARCECA ENTERPRISES, INC.

Principal Place of Business

2300 EAST ATLANTIC BLVD.
POMPANO BEACH, FL. 33062

Mailing Address

890 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/98

2. Principal Place of Business

21 2300 EAST ATLANTIC BLVD.
Suite, Apt. #, etc.

2a. Mailing Address

26 890 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.

4. FEI Number

65-0838839

Applied For

Not Applicable

6. 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 the current year Intangible Personal

Property Tax

Yes

No

City & State

23 POMPANO BEACH, FL.

City & State

28 POMPANO BEACH, FL.

Zip Country

24 33062

Zip Country

29 33062

30

9. Name and Address of Current Registered Agent

MARIA D'AGATI
20385 HACIENDA COURT
BOCA RATON, FL. 33498

10. Name and Address of New Registered Agent

81 Name
EXPERT TAX AND ACCOUNTING82 Street Address (P.O. Box Number is Not Acceptable)
890 N. FEDERAL HIGHWAY

83

84 City
POMPANO BEACH

FL

85 Zip Code
33062-4316

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 John Incardona JOHN INCARDONA

05/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERTO MARCECA	
STREET ADDRESS	85 PARKWAY COURT	
CITY - ST - ZIP	BROOKLYN N.Y. 11235	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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.

SIGNATURE: Roberto Marceca

ROBERTO MARCECA

5-22-99

954-781-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #