

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000062968

1. Corporation Name
MARANGELLI INVESTMENTS, INC.

Principal Place of Business
1820 N.W. 33RD STREET
OAKLAND PARK FL 33309

Mailing Address
1820 N.W. 33RD STREET
OAKLAND PARK FL 33309

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**COMASTRO, MICHAEL
1820 N.W. 33RD STREET
OAKLAND PARK FL 33309**

81 Name **ANGELA MARANGELLI**
82 Street Address (P.O. Box Number is Not Acceptable)
1820 NW 33 STREET
83
84 City **OAKLAND PARK** FL 85 Zip Code **33309**

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 *Angela Marangelli*

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

(NOTE: Registered Agent signature required when reinstating)

4-1-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE	1.1 TITLE - P	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMASTRO, MICHAEL		1.2 NAME	ANGELA MARANGELLI	
STREET ADDRESS	1820 N.W. 33RD STREET		1.3 STREET ADDRESS	1820 NW 33 STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4 CITY-ST-ZIP	OAKLAND PARK, FL. 33309	
TITLE		DELETE	2.1 TITLE - S	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	MICHAEL COMASTRO	
STREET ADDRESS			2.3 STREET ADDRESS	1820 NW 33 STREET	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	OAKLAND PARK, FL. 33309	
TITLE		DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: *Angela Marangelli* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90078 037 ***150.00

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CR2E034 (11/98)

4-1-99 954-777-3998

Date

Daytime Phone #