FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S77645 **(7)**

1. Corporation Name
MARCO'S UNITED ARTISTS, INC.

Principal Place of Business	Mailing Address
3302 DR. MARTIN LUTHER KING JR BLVD W TAMPA FL 33607	3302 DR. MARTIN LUTHER KING JR BLVD W TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/30/1991**
3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-3063876** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZONNI, MARCO 3302 DR MARTIN LUTHER KING JR BLVD W TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D Pres.	1.1 TITLE	President	☑ Change ☐ Addition
NAME	ZONNI, MARCO	1.2 NAME	Marco Zonni	
STREET ADDRESS	~~1929 MCMULLEN BOOTH RD~~	1.3 STREET ADDRESS	4209 Fairway Cr.	
CITY-ST-ZIP	~~CLEARWATER FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VP	2.1 TITLE		☐ Change ☑ Addition
NAME	Kenneth S. Cottle	2.2 NAME		
STREET ADDRESS	3612 Mabra Way	2.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33614	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	Sec/Trea.	☐ Change ☑ Addition
NAME		3.2 NAME	Susan Cottle	
STREET ADDRESS		3.3 STREET ADDRESS	3612 Mabra Way	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tpa, FL 33614	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marco Zonni 4-18-95 813-877-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marco Zonni

0442906 FP