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Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 481491 (9)  
1. Corporation Name  
MARK R CORPORATION



Principal Place of Business: 9506 RED ROAD SOUTH MIAMI FL 33156  
Mailing Address: 9506 RED ROAD SOUTH MIAMI FL 33156-2198

3. Date Incorporated or Qualified: 07/30/1975  
3a. Date of Last Report: 03/27/1996

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

4. FEI Number: 59-1611162 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: No

9. Name and Address of Current Registered Agent: OESTERLE, DOUGLAS W 9506 RED ROAD SOUTH MIAMI FL 33156

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 1.1 TITLE: PD  
 1.2 NAME: OESTERLE, MARK WM  
 1.3 STREET ADDRESS: 9506 RED ROAD SOUTH  
 1.4 CITY-ST-ZIP: MIAMI FL  
 2.1 TITLE: VD  
 2.2 NAME: OESTERLE, ROBERT A.  
 2.3 STREET ADDRESS: 9506 RED ROAD SOUTH  
 2.4 CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 3.1 TITLE: [ ] Change [ ] Addition  
 3.2 NAME: [ ] Change [ ] Addition  
 3.3 STREET ADDRESS: [ ] Change [ ] Addition  
 3.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 4.1 TITLE: [ ] Change [ ] Addition  
 4.2 NAME: [ ] Change [ ] Addition  
 4.3 STREET ADDRESS: [ ] Change [ ] Addition  
 4.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 5.1 TITLE: [ ] Change [ ] Addition  
 5.2 NAME: [ ] Change [ ] Addition  
 5.3 STREET ADDRESS: [ ] Change [ ] Addition  
 5.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 6.1 TITLE: [ ] Change [ ] Addition  
 6.2 NAME: [ ] Change [ ] Addition  
 6.3 STREET ADDRESS: [ ] Change [ ] Addition  
 6.4 CITY-ST-ZIP: [ ] Change [ ] Addition

14. I do 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, on a statement with address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)