

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 694496 (1)
 1. Corporation Name
MARK OF EXCELLENCE, INC.

FILED
 1995 JAN 27 PM 4:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 5033 RIO VISTA AVE., TAMPA FL 33634-5316	Mailing Address 5033 RIO VISTA AVE., TAMPA FL 33634-5316
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2. Principal Place of Business 21	2a. Mailing Address 26 4506 W CAYUGA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23	City & State 28 TAMPA FL
Zip 24	Country 25
33614	Country 29
	30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/14/1981	3a. Date of Last Report 01/26/1994
4. FEI Number 59-2472582	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOYLE, JOHN M
5033 RIO VISTA AVE.,
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name DOYLE, JOHN M
82 Street Address (P.O. Box Number is Not Acceptable) 4506 W CAYUGA
83
84 City TAMPA
85 State FL
86 Zip Code 33614

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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John M Doyle* DATE: **1/25/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHONEY, MICHAEL J.
STREET ADDRESS	10410 LAKE GROVE DRIVE
CITY-ST-ZIP	ODDESSA FL
TITLE	V
NAME	MAHONEY, STEPHEN D
STREET ADDRESS	8649 N. HIMES AVE., #124
CITY-ST-ZIP	TAMPA FL
TITLE	VST
NAME	DOYLE, JOHN M
STREET ADDRESS	5033 RIO VISTA AVE.,
CITY-ST-ZIP	TAMPA FL
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAHONEY, MICHAEL J	
1.3 STREET ADDRESS	4506 W CAYUGA	
1.4 CITY-ST-ZIP	TAMPA FL 33614	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAHONEY, STEPHEN D	
2.3 STREET ADDRESS	4506 W CAYUGA	
2.4 CITY-ST-ZIP	TAMPA FL 33614	
3.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOYLE, JOHN M	
3.3 STREET ADDRESS	4506 W CAYUGA	
3.4 CITY-ST-ZIP	TAMPA FL 33614	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. I further certify that the information furnished in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with no additions.

SIGNATURE: *John M Doyle* DATE: **1/25/95 (813)8713473**