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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 694496

1. Corporation Name
MARK OF EXCELLENCE, INC.



Principal Place of Business 4506 W. CAYUGA STREET TAMPA FL 33614	Mailing Address 4506 W. CAYUGA TAMPA FL 33614 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1981	4. FEI Number 59-2472582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 5433 W CRENSHAW ST	2a. Mailing Address 26 5433 W CRENSHAW ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33634 25 USA	Zip 29 33634 30 USA

9. Name and Address of Current Registered Agent

DOYLE JOHN M.
4506 W. CAYUGA
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name DOYLE, John M
82 Street Address (P.O. Box Number is Not Acceptable) 5433 W CRENSHAW ST
83
84 City TAMPA FL
85 Zip Code 33634

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 **1/9/99.**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAHONEY, MICHAEL J.	
STREET ADDRESS	4506 W. CAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAHONEY, STEPHEN D	
STREET ADDRESS	4506 W. CAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOYLE, JOHN M	
STREET ADDRESS	4506 W. CAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIEL V MASSARO	
STREET ADDRESS	4506 W CAYUGA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'CONNOR, CHARLES C	
STREET ADDRESS	4506 W CAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIMBERLY WELLS	
STREET ADDRESS	4506 W CAYUGA ST	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5433 W. Crenshaw St.
1.4 CITY-ST-ZIP	Tampa, FL 33634
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5433 W. Crenshaw St.
2.4 CITY-ST-ZIP	Tampa, FL 33634
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5433 W. Crenshaw St.
3.4 CITY-ST-ZIP	Tampa, FL 33634
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5433 W. Crenshaw St.
4.4 CITY-ST-ZIP	Tampa, FL 33634
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5433 W. Crenshaw St.
5.4 CITY-ST-ZIP	Tampa, FL 33634
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5433 W. Crenshaw St.
6.4 CITY-ST-ZIP	Tampa, FL 33634

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ DATE **1/9/99** (813) 386-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE034 (11/98)