

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:25

DOCUMENT # **H78084** (1)

1. Corporation Name  
**MARK-DAVID, INC.**

Principal Place of Business Mailing Address  
**2683 NW 49TH ST  
BOCA RATON FL 33434  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/24/1985</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-2588321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>2683 NW 49TH ST BOCA RATON FL 33434 US</b>	26. <b>2683 NW 49TH ST BOCA RATON FL 33434 US</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent <b>MENDICURN &amp; ASSOCIATES 2300 W. SAMPLE ROAD SUITE 206 BOCA RATON, 33473</b>	10. Name and Address of New Registered Agent 81. Name <b>mark J Votypka</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>2683 NW 49th street</b> 83. 84. City <b>Boca Raton</b> FL 85. Zip Code <b>33434</b>
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11. Pursuant to the provisions of Sections 607.052, 607.053, and 607.055, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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: *[Signature]* 1/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VDP</b>	NAME <b>VOTYPKA, MARK</b>	11. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5004 GLENDALE DR</b>	CITY, ST, ZIP <b>BOCA RATON FL</b>	12. NAME <b>mark J Votypka</b>	13. STREET ADDRESS <b>2683 NW 49th street</b>
TITLE <b>TV</b>	NAME <b>VOTYPKA, MARY JANE</b>	14. CITY, ST, ZIP <b>Boca Raton, FL 33434</b>	15. CITY, ST, ZIP <b>Boca Raton, FL 33434</b>
STREET ADDRESS <b>5004 GLENDALE DR</b>	CITY, ST, ZIP <b>BOCA RATON FL</b>	16. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	17. NAME	18. STREET ADDRESS
STREET ADDRESS	CITY, ST, ZIP	19. CITY, ST, ZIP	20. CITY, ST, ZIP
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	CITY, ST, ZIP	23. STREET ADDRESS	24. CITY, ST, ZIP
TITLE	NAME	25. TITLE	26. NAME
STREET ADDRESS	CITY, ST, ZIP	27. STREET ADDRESS	28. CITY, ST, ZIP
TITLE	NAME	29. TITLE	30. NAME
STREET ADDRESS	CITY, ST, ZIP	31. STREET ADDRESS	32. CITY, ST, ZIP

14. I do hereby certify that the information supplied in this filing is accurately furnished and checked and qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this filing complies with the requirements of the annual report in form and accuracy 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 a person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and is accompanied by an address.

SIGNATURE: *[Signature]* 1/8/95 407-241-4958