

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J59314** (1)

1. Corporation Name
MARK MANAGEMENT, INC.



Principal Place of Business: **960 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **960 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Sube, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/24/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2774603**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **KANAGA, MERIDYTHE 980 MONTGOMERY ROAD SUITE 3 ALTAMONTE SPRINGS FL 32714**
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 City, 84 City, 85 Zip Code: **FL**

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAGA, MERIDYTHE	1.2 NAME	
STREET ADDRESS	960 MONTGOMERY RD., #3	1.3 STREET ADDRESS	1176 Brantley Estates Drive
CITY- ST- ZIP	ALTAMONTE SPRINGS FL	1.4 CITY- ST- ZIP	Altamonte Springs, FL 32714-5614
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAGA, RICK	2.2 NAME	
STREET ADDRESS	960 MONTGOMERY RD., #3	2.3 STREET ADDRESS	1176 Brantley Estates Drive
CITY- ST- ZIP	ALTAMONTE SPRINGS FL	2.4 CITY- ST- ZIP	Altamonte Springs, FL 32714-5614
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Meridythe Kanaga, President* 4/5/96 (407) 862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Meridythe Kanaga*

CR2E034 (12/95)