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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K22855

1. Corporation Name
MARK-ROUTE INC.



Principal Place of Business

7580 STIRLING RD
 SUITE 103
 DAVIE FL 33024

Mailing Address

7580 STIRLING RD
 SUITE 103
 DAVIE FL 33024-501
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **7550 Stirling Rd**
 Suite, Apt. #, etc.

22 **203-C**

23 **DAVIE Florida**
 City & State

24 **33024** Zip
 25 **USA** Country

2a. Mailing Address

26 **7550 Stirling Rd**
 Suite, Apt. #, etc.

27 **# 203-C**

28 **DAVIE Florida**
 City & State

29 **33024** Zip
 30 **USA** Country

3. Date Incorporated or Qualified

05/06/1988

4. FEI Number

65-0047941

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

WILLIAMS, MATTHEW J.
 7580 STIRLING ROAD
 SUITE 103
 DAVIE FL 33024

10. Name and Address of New Registered Agent

81 Name **(SAME) Matthew J. Williams**
 82 Street Address (P.O. Box Number is Not Acceptable)
7550 Stirling Rd
 83 **# 203-C**
 84 City **DAVIE** FL 85 Zip Code **33024**

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

4/8/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **WILLIAMS, MATTHEW J.**
 STREET ADDRESS **7580 STIRLING RD #103**
 CITY-ST-ZIP **DAVIE FL**

TITLE **T** DELETE
 NAME **WILLIAMS, ROSA C.**
 STREET ADDRESS **7580 STIRLING RD #103**
 CITY-ST-ZIP **DAVIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SAME** Change Addition
 1.2 NAME **SAME**
 1.3 STREET ADDRESS **7550 Stirling Rd 203-C**
 1.4 CITY-ST-ZIP **DAVIE FL 33024**

2.1 TITLE **SAME** Change Addition
 2.2 NAME **SAME**
 2.3 STREET ADDRESS **7550 Stirling Rd 203-C**
 2.4 CITY-ST-ZIP **DAVIE FL 33024**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 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: **Matthew J Williams** **Matthew J Williams**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 (954) 436-0091
 Date Daytime Phone #

CR2E034 (11/98)