FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

1386 8TH STREET S.

JACKSONVILLE BEACH FL 32250-4104

PROFIT CORPORATION ANNUAL REPORT

1997

Poncipal Place of Business

JACKSONVILLE BEACH FL 32250

1386 8TH STREET S.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014662 (7)

"THE MARK SHERMAN CORPORATION"

3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996 02/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3299730 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHERMAN, MARK P 1386 8TH STREET S. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 83 84 City 85 Zip Code 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, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE nei tyre. For portes harne of registered agree and title d'applicable (NOTE Registered Agent a greature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE ☐ Change 1.1 TITLE Addition TIME SHERMAN, MARK P 12 NAME 1386 8TH STREET S. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 C-17 - 51 - 74 1.4 CITY-ST-ZIP DELETE Change Addition TIBLE 2.1 TITLE 2.2 NAME STREET ACHIRESS 23 STREET ADDRESS 2 4 CITY-ST-7IP CON-ST-76 DELETE THE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34, CITY-ST-ZIP CCY St. Zer DELETE Π, F 4.1 TITLE Change ___ Addition NAME: 4. 2 NAME

> 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - 2IP

SIGNATURE:X

14. I do hereby certify that the into information inclicated on this of Larrian officer or director of the appears in Block 12 or Biock.

STHEET ADDRESS

STREET ADDRESS

STREET ALIGNESS

COTY ST-765

C-Fr - 57 - 74P

CDY-ST ZH

1:161

NAME

THEF

DE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2-18-97

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the idemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

904-246-0375

Change

Change

Addition

Addition

FILED

Mar 17 1997 8:00am

Secretary of State

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