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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PO700069810

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90257 048 \*\*\*150.00

Corporation     MARK M	ANAGEMENT INSURANCE								
Principal Place	e of Business	Mailing Address			<del></del>		IL 69151 0651 <b>0 6</b>	181 18181 8111	B) ((B)() BB() (BB)
•		980 MONTGOMEY ROAD.	#3						
980 MONTGOMEY ROAD. #3 980 MONTGOMEY ROAD. #3 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/11/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		1	Applied For
21		26				59-3463313		1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	.□		Additional Required =
City & State		City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zíp	Cou	intry		8. This corporation owes the curre	ent year Inta	ıngible	
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered /	lgent	
			ļ	81	Name				
	AGA, MERIDYTHE		ļ	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	MONTGOMEY ROAD, #3		ļ			N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
ALTA	AMONTE SPRINGS FL 32714			83					Į.
				84	City		FI	85 Zip	p Code
11 Dusquant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statu	tes the a	bove	-named corno	ration submits this statement for the	numnee of	changing i	its registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	autnonzeo	ו עם כ	ine comoratior	's board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE							DATE		}
	Signature, typed or printed name of registered agent		E: Registered	Agent	signature required	ADDITIONS/CHANGES TO OF		D DIRECT	TORS IN 12
12.		D DIRECTORS	1.1 TII	TIE		ADDITIONS/DIFFICED TO OT	102110741	Change	
TITLE	D D DVAN ZACHADY		1.2 NA						_
NAME	KANAGA, RYAN ZACHARY				ADDRESS				
STREET ADDRESS	380 S. SR 434, STE 1004-174	14		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	4	1.4 CI	111-21	-212				\
TITLE	1 14		24.177	m F				Change	e 🗀 Addition
NAME		☐ DELETE	2.1 TII				<del></del>	Change	e 🗀 Addition
	KANAGA, RICK		2.2 N	AME	ADDRESS			Chango	e Addition
STREET ADDRESS	KANAGA, RICK 1176 BRANTLEY ESTATES	☐ DELETE	2.2 NA 2.3 ST	AME TREET	ADORESS			Change	e Addition
STREET ADDRESS CITY-ST-ZIP	KANAGA, RICK 1176 BRANTLEY ESTATES ALTAMONTE SPRINGS FL 3271	□ DELETE	2.2 N# 2.3 ST 2.4 C	AME TREET	1	-		Change	
STREET ADDRESS CITY-ST-ZIP TITLE	KANAGA, RICK 1176 BRANTLEY ESTATES ALTAMONTE SPRINGS FL 3271 D	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TT	AME TREET CITY-ST	1	-			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	KANAGA, RICK 1176 BRANTLEY ESTATES ALTAMONTE SPRINGS FL 3271 D KANAGA, MERIDYTHE	□ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA	AME TREET STY-ST TILE AME	T-ZIP	-			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KANAGA, RICK 1176 BRANTLEY ESTATES ALTAMONTE SPRINGS FL 3271 D KANAGA, MERIDYTHE 1176 BRANTLEY ESTATES	DELETE  DELETE	22 NA 23 ST 2.4 CI 3.1 TT 32 NA 3.3 ST	AME TREET CITY-ST TLE AME TREET	T-ZIP ADDRESS	-			
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: