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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

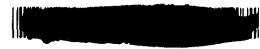
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088154

MARK ALEY CORPORATION, INC.

FILED May 14 1998 8:00am Secretary of State



| | | | | | | -i 1)Daga | | | ri) |
|---|---|---------------------------------|---------------------|---|-----------------------------------|---|-------------|---------------------------------------|--------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 240 Main Street 240 Main | | | | | | (| | | |
| | lantic Beach, 32233 | Atlantic Beach, | | | | DO NOT WRITE IN THIS SPACE | | | |
| FL | FL 32233 | 32233 | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | 10/13/1997 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | TAR | plied For |
| | | 26 | | | | ТАРРИ | | | t Applicable |
| 21 Suite, Apt. | #. etc. | Suite, Apl. #, etc. | | | | | | \$8.75 | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | Fee Re | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | |
| Zip | Country | Zip | Coun | try | | 8. This corporation owes or has p | aid the cur | rent year Int | angible |
| 24 | 25 | 29 | 30 | • | | Personal Property Tax due Juni | - | | No |
| I II \ | 9. Name and Address of Current | | 1231 | | | 10. Name and Address of New R | | Agent | |
| | | | 1 | 91 | Name | | | | |
| ALEY, MARK A. | | | | OD Creat Address (D.O. Day Number to Mat Assessable) | | | | | |
| 240 MAIN STREET | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 63 | | | | | |
| ATL | ANTIC BEACH, FL | 32233 | | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607,1508, Florida Statut | es, the abo | ove-r | named corpo | pration submits this statement for the | | changing it | s registered |
| 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 | Signature, typed or printed name of registered agen | I and title if applicable. (NOT | E: Registered | Apent | signature required | d when reinstating) | DATE | · · · · · · · · · · · · · · · · · · · | |
| 12. | OFFICERS AND | | 13. | <u>-</u> - | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | S IN 12 |
| TITLE | PTD □ DELETE 1.1 | | 1.1 TITL | E | | | | Change | Addition |
| NAME | ALEY, MARK A. | 1.2 8 | | ΑE | | | | | Ì |
| STREET ADDRESS | | | | EET AC | DDRESS | | | | |
| CITY-ST-ZIP | | | | /-ST- | ZIP | | | | |
| TITLE | S | DELETE | | E | | | | Change | Addition |
| NAME | 3 | T not | | Æ | | | | | |
| STREET ADDRESS | ALEY, KAREN L. | | 2.3 STR | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | 240 MAIN STREET | | | Y-51- | -ZIP | | | | |
| TITLE | ATLANTIC BEACH, FL 32233 | | | | | | | Change | Addition |
| NAME | | | 3.2 NAN | AE. | | • | | | |
| STREET ADDRESS | ļ | | 3,3 STR | EET AC | DDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | | | | | | |
| TITLE | DELETE 4 | | | | | | | Change | Addition |
| NAME | | | 4. 2 NAI | ME | | | | | |
| STREET ADDRESS | | | 4.3 STR | EET AL | DORESS | | | | |
| CITY-ST-ZIP | } | | 4.4 C(T) | |) | | | | |
| TITLE | | DELETE | 5.1 TITE | | * | | | Change | Addition |
| NAME | | | 5.2 NAN | | | 20000253 | 2711 | 55 | |
| STREET ADDRESS | ■ *** | | | 5.3 STREET ADDRESS | | 20000252 -05/18/98010 | |) 1 | |
| CITY-ST-ZIP | T (| | l l | 5 4 CiTY+ST-ZIP | | ***150.00 | 02 | - 4 | • |
| TITLE | | DELETE | 6.1 TITL | | | *************************************** | | Change | Addition |
| NAME | | | 6.2 NAA | | | | | ، أر | 1 |
| STREET ADDRESS | | | 6.3 STR | | DORESS | | , | ,r <\[| 4 |
| CITY-ST-219 | | | 6.4 C(T) | | 1 | | , | ひりり | · 🔪 |

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 eath; 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.

Mak a Clam MARK A. ALEY, PRESIDENT