

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT -5 PM 12:38

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S36332
 1. Corporation Name
 MARK/NICHOLAS, INC.

Principal Place of Business Mailing Address
 326 EAST LAKE RD. 326 EAST LAKE RD.
 PALM HARBOR FL 34685 PALM HARBOR FL 34685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 326 East Lake Rd 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Palm Harbor FL 28
 Zip 24 34685 25 USA 29 Country 30

3. Date Incorporated or Qualified
 03/01/1991

4. FEI Number
 65-0262838 Applied For Not Applicable

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 owns the current year intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 KUNDERAS, GALE N
 5008 FORECASTLE DR.
 NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent
 B1 Name Jill Tracy
 B2 Street Address (P.O. Box Number is Not Acceptable) 326 East Lake Rd
 B3
 B4 City Palm Harbor FL B5 Zip Code 34685

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: Jill S. Tracy, V.P. Jill S. Tracy DATE: 9/30/99

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDERAS, GALE N	1.2 NAME	
STREET ADDRESS	5008 FORECASTLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDERAS, GALE N	2.2 NAME	
STREET ADDRESS	5008 FORECASTLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, JILL S	3.2 NAME	
STREET ADDRESS	10223 WIDGEON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	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 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.

SIGNATURE: Jill S. Tracy Jill S. Tracy DATE: 9/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 727-787-4436
Daytime Phone #

CR2E034 (5/99)