

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 14 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J59314** (1)

1. Corporation Name
MARK MANAGEMENT, INC.

Principal Place of Business Mailing Address
**980 MONTGOMERY RD 3
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1987** 3a. Date of Last Report **03/22/1994**

4. FEI Number **59-2774603** 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**

7. This corporation has capacity for interstate tax under a Florida Statute Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. # etc. 26. Suite, Apt. # etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

**FOUNTAIN, DENNIS F.
1250 S US HWY 1972
6TE-260
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

B1 Name **Meridythe Kanaga**
B2 Street Address (P.O. Box Number is Not Acceptable) **980 Montgomery Road**
B3 **Suite 3**
B4 **Altamonte Springs** FL B5 **32714**

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 607.1508, Florida Statutes.

SIGNATURE *Meridythe Kanaga*

4/13/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KANAGA, MERIDYTHE
STREET ADDRESS	100 W HILLCREST ST
CITY, ST, ZIP	ALTAMONTE SPRINGS FL -
TITLE	ST
NAME	KANAGA, RICK
STREET ADDRESS	100 W HILLCREST ST
CITY, ST, ZIP	ALTAMONTE SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	980 Montgomery Rd., #3
14 CITY, ST, ZIP	Altamonte Springs, FL 32714
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	980 Montgomery Rd., #3
18 CITY, ST, ZIP	Altamonte Springs, FL 32714
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 13.01(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registrant or holder responsible for compiling this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 3 of this filing or on an attachment with an address.

SIGNATURE: *Meridythe Kanaga*

Meridythe Kanaga, 4/13/95 407/862-2292

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

MAY 3 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathrum
Secretary of State
CONSUMER SERVICES DIVISION

DOCUMENT # **J59691** (2)
1. Corporation Number
NEW HOPE GROVES, INC.

Principal Office of Business: **HWY78-A P.O. BOX 2357 LABELLE FL 33935**
Mailing Address: **HWY78-A P.O. BOX 2357 LABELLE FL 33935**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date of Incorporation or Qualified: **02/24/1987**
3a. Date of Last Report: **02/09/1994**
4. FEI Number: **59-2767065**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

(DO NOT WRITE IN THIS SPACE)

Applied For: Not Applicable

9. Name and Address of Current Registered Agent
**PAUL BRYAN
HWY 78-A
P.O. BOX 2357
LABELLE FL 33935**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of sections 607.0902 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 operations of Section 607.0902, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	D PAUL BRYAN HWY 78-A LABELLE FL
12.2 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	D PAUL, MARGARET W. HWY 78-A LABELLE FL
12.3 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	
12.4 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	
12.5 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME TITLE STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.021, Florida Statutes. I further certify that the information is made available to the general public or to governmental officials upon request and I acknowledge that my signature shall have the same legal effect as if made under oath. This form is an official record for the State of Florida. The names of officers or directors responsible for executing this report are required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed or am an officer or director with an address.

SIGNATURE:  **BRYAN PAUL** 5/1/95 (813) 675-4410
HIGHLY RECOMMENDED BY THE BOARD OF DIRECTORS