

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15, 1996 08:00
Secretary of State

DOCUMENT # **165169** (4)
1. Corporation Name
THE MARK GROUP, INC.



Principal Place of Business: **6500 PARK OF COMMERCE BLVD NW BOCA RATON FL 33487 US**
Mailing Address: **6500 PARK OF COMMERCE BLVD NW BOCA RATON FL 33487 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **05/11/1951**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0652291**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KNIGHT, JR, NEAL W
321 ROYAL POINCIANA PLAZA
PALM BEACH, FLORIDA
33480**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, LYNDA S	12 NAME	
STREET ADDRESS	3550 POLO DR	13 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH, FL 00000	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, PAUL, JR	22 NAME	
STREET ADDRESS	SAG HARBOR INDUSTRIES	23 STREET ADDRESS	
CITY-STATE-ZIP	SAG HARBOR, N Y 00000	24 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, NEAL JR	32 NAME	
STREET ADDRESS	321 ROYAL POINCIANA PL	33 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	34 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNAN, MICHAEL W	42 NAME	
STREET ADDRESS	6500 PARK OF COMMERCE BLVD NW	43 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DALE	52 NAME	
STREET ADDRESS	6500 PARK OF COMMERCE BL	53 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, WILLIAM M.	62 NAME	
STREET ADDRESS	BOX 371 N/A	63 STREET ADDRESS	
CITY-STATE-ZIP	BREWSTER MA	64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, familiar, and does not qualify for the exemption stated in Section 199.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 member 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 (changed) or on an attachment with an address.

SIGNATURE: *Dale Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE ROBINSON

4/8/96

CR2E034 (12/95)