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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 425473

(6)

MARK V ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address			F 16.0711 GFDH 11083 B1114 B1811 16009 1	E 1881/18 BEDIA 11083 ANTIK BINGI 160000 KIN DINIK NINGI ANTIK ANDIK BINIK DINIK KANT				
1545 OAK LANE 1545 OAK LAN CLEARWATER FL 34624 CLEARWATER			06							
US	C STORY	OCCUMENTAL TO STORE SO	~~							
						<ol> <li>Date Incorporated or Qualified</li> <li>05/08/1973</li> </ol>		Date of 01/23/1		eport
2. Principal Pl	2a. Mailing Address	g Address			4, FEI Number				plied For	
21		26				59-1486334	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional				
22		27						Fee Re	<del></del>	
City & State	9	City & State	<del>                                      </del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
Zip <b>24</b>	Country Zip 25 29			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  2 Yes  \text{No}				
24	30	10. Name and Address of New Registered Agent								
DEN	<ol> <li>Name and Address of Current</li> <li>NARD, MERLE T</li> </ol>			81	Name					
1545 OAK LANE				82 Street Address (P.O. Box Number is Not Acceptal						
CLE	ARWATER FL 34624			83						
				84	City			B5	Zip (	Code
					, i			FL	1	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida Such change was a	authorized	d by	/ the corp	corporation submits this statement for the oration's board of directors. I hereby acc	ept the	se of cha appointr	nging it: nent <b>a</b> s	s registered registered
SIGNATURE	MANAGEMENT OF STREET,									·····
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			13.		required when reinstating)  ADDITIONS/CHANGES TO OFF		AND DIE	ECTOR	S IN 12
12.	PD DELETE		1.1 TO	TLE		ADDITIONS/CHANGES TO OFF	IOLING		Change	Addition
NAME	DENNARD, MERLE T.	-	1.2 N/		İ				•	
STREET ADURESS	1545 OAK LANE				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		1.4 CI		- 1					
TITLE	VD	DELETE	2.1 (1)						Change	Addition
NAME	DENNARD, ROBERT, JR.		2.2 N/	ME	1					
STREET ADDRESS	1545 OAK LANE		2.3 \$1	REEY	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		2.4 C	2. 4 CITY+ST-2IP						
TITLE	TDS	☐ DELETE	3.1 To						Change	Addition Addition
NAME	Dennard, Robert L		3.2 N/	ME						
\$TREE1 ADDRESS	1545 OAK LANE		3.3 S1	REET	ADORESS					
CITY - ST - ZIP	CLEARWATER FL		3.4. C	ITY-S	ST-ZIP					····
TITLE		□ DELETE	4.1 Tr	TLE				L	Change	Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CHY-ST-ZIP					37- <i>2</i> 1P				<u> </u>	11.00
TITLE		DELETE	5.1 11						Change	Addition
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE			ST - ZIP			·····	Change	Addition
TITLE		m nereig	6.1 TI		1			Ļ	enan <b>h</b> e	C VOCADOL
NAME CTOTEL ADDRESS			6.2 N		LADDOFEE					
STREET ADDRESS					r address St-zip					
14. I do herel	L by certify that the information supplies	ed with this filing does not qual	ify for the	өхе	emption st	tated in Section 119.07(3)(i), Florida Statu	tes. I f	urther cer	tify that	the
informatio I am an o	on indicated on this annual report or :	supplemental annual report is r the receiver or trustee empor	true and a wered to e	acci	urate and	that my signature shall have the same le eport as required by Chapter 607, Florida	gal effe	ect as if m	nade un	der oath; that

SIGNATURE:

Malla J. Described Signature and typed on printed name of bigning officer or director

1-30-97 813-531-6658

**FILED** 

Jan 31 1997 8:00am

Secretary of State