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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **580043** (8)
 1. Corporation Name
MARK III INDUSTRIES, INC.



Principal Place of Business: **5401 NW 44TH AVE. OCALA FL 34478 US**
 Mailing Address: **P.O. BOX 2525 OCALA FL 34478-2525**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1978	3a. Date of Last Report 06/20/1996
21	Suite, Apt. #, etc.		26	4. FEI Number 59-1837526	Applied For <input type="checkbox"/> Not Applicable
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEAN, H. EDWARD DEAN AND DEAN, P.A. 230 NE 25TH AVE. OCALA FL 34470-7041				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINCOLN, LARRY W		1.2 NAME	Lincoln, Larry W,	
STREET ADDRESS	5401 N.W. 44TH AVE.		1.3 STREET ADDRESS	5401 N.W. 44th Ave.	
CITY- ST- ZIP	OCALA FL		1.4 CITY- ST- ZIP	Ocala, FL 34482-7800	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLSPERMANN, W. RANDOLPH		2.2 NAME	Hutson, William	
STREET ADDRESS	5401 S.W. 44TH AVE.		2.3 STREET ADDRESS	5401 N.W. 44th Ave.	
CITY- ST- ZIP	OCALA FL		2.4 CITY- ST- ZIP	Ocala, FL 34482-7800	
TITLE	C	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	C, V, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLAIN, SALLY		3.2 NAME	Mischianti, Louis J.	
STREET ADDRESS	5401 NW 44TH AVE		3.3 STREET ADDRESS	Metro Center, One Station Place	
CITY- ST- ZIP	OCALA FL		3.4 CITY- ST- ZIP	Stamford, CT 06902	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D, V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Rubin, Paul A.	
STREET ADDRESS			4.3 STREET ADDRESS	Metro Center, One Station Place	
CITY- ST- ZIP			4.4 CITY- ST- ZIP	Stamford, CT 06902	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Morris, Robert S.	
STREET ADDRESS			5.3 STREET ADDRESS	Metro. Center, One Station Place	
CITY- ST- ZIP			5.4 CITY- ST- ZIP	Stamford, CT 06902	
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 do 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: *Larry W. Lincoln* **LARRY W. LINCOLN, C.E.O.** 4/2/97 352-732-5878
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)