

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90044 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 580043

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1837526	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINCOLN, LARRY W		1.2 NAME		
STREET ADDRESS	5401 N.W. 44TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTSON, WILLIAM		2.2 NAME		
STREET ADDRESS	5401 N.W. 44TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	CVT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MISCHIANI, LOUIS J		3.2 NAME		
STREET ADDRESS	METRO CENTER, ONE STATION PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBIN, PAUL A		4.2 NAME		
STREET ADDRESS	METRO CENTER, ONE STATION PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, ROBERT S		5.2 NAME		
STREET ADDRESS	METRO CENTER, ONE STATION PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTGATE, STEVEN J		6.2 NAME		
STREET ADDRESS	4235 SE 13 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		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, with all other like empowered.

SIGNATURE: William K. Harris Date: 5/29/99 (352) 732-5878 Daytime Phone #

CR2E034 (11/98)