FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 10 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 # **601632** **(3)**

1. Corporation Name
MARK MARKS, P.A.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD #403 NORTH MIAMI FL 33181	12550 BISCAYNE BLVD #403 NORTH MIAMI FL 33181-2537

3. Date Incorporated or Qualified: 10/30/1969
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business	2a. Mailing Address
21 11900 BISCAYNE BLVD.	26 11900 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 SUITE 290	Suite, Apt. #, etc. 27 SUITE 290
City & State 23 NORTH MIAMI, FLORIDA	City & State 28 NORTH MIAMI, FLORIDA
Zip / Country 24 33181 / 25	Zip / Country 29 33181 / 30

4. FEI Number: 59-1276328 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARKS, MARK 12550 BISCAYNE BLVD #402 NORTH MIAMI FL 33181	81 Name: MARKS, MARK 82 Street Address (P.O. Box Number is Not Acceptable): 11900 BISCAYNE BLVD. SUITE 290 83 84 City: NORTH MIAMI FL 85 Zip Code: 33181

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☑ Change ☐ Addition
NAME	MARKS,MARK	1.2 NAME	MARKS, MARK
STREET ADDRESS	12550 BISCAYNE BLVD #403	1.3 STREET ADDRESS	11900 BISCAYNE BLVD. # 290
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	NORTH MIAMI, FLORIDA 33181
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 3/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #