

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

FILED

Jan 16 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 # 622422 (4)

1. Corporation Name  
MARK EDWARDS, LTD., INC.

Principal Place of Business  
826 NW 6TH AVE  
FT LAUDERDALE FL 33311

Mailing Address  
826 NW 6TH AVE  
FT LAUDERDALE FL 33311-7223



3. Date Incorporated or Qualified 05/21/1979  
3a. Date of Last Report 01/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 275 Goolsby Blvd		26 Suite, Apt. #, etc.		59-1918298		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 DEERFIELD BEACH, FL		28 Same		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
33442							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

VOTYPKA, MARK  
2683 NW 49TH STREET  
BOCA RATON FL 33434

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D + P	1.1 TITLE	
NAME	VOTYPKA, JOHN	1.2 NAME	
STREET ADDRESS	5888 WIND DRIFT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	VOTYPKA, JERRY MARGARET	2.2 NAME	
STREET ADDRESS	5888 WIND DRIFT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	V + D	3.1 TITLE	
NAME	VOTYPKA, MARK	3.2 NAME	
STREET ADDRESS	5888 WIND DRIFT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 of this report or in the attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

954-698-0422

Daytime Phone #

0268944

CR2E034 (9/96)