

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 21 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **648358** (0)

1. Corporation Name  
**MARK ALLEN, INC.**

Principal Place of Business Mailing Address

**9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE FL 32256**

**9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1979** 3a. Date of Last Report **02/08/1994**

4. FEI Number **59-1962546** 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

2. Principal Place of Business 2a. Mailing Address

21 **7893 BAHIA VISTA COURT** 26 **7893 BAHIA VISTA CT**

22 Suite, Apt. #, etc. 27 Suits, Apt. #, etc.

23 City & State **JACKSONVILLE FL** 28 City & State **JACKSONVILLE, FL**

24 Zip **32256** 25 Country **DUVAL** 29 Zip **32256** 30 Country **DUVAL**

9. Name and Address of Current Registered Agent

**ALLEN, MARK**  
**9471 BAYMEADOWS ROAD**  
**SUITE 204**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)  
**7893 BAHIA VISTA COURT**

B3

B4 City **JACKSONVILLE, FL** B5 Zip Code **32256**

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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>7893 BAHIA VISTA COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TDV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, RITA</b>	2.2 NAME	
STREET ADDRESS	<b>7893 BAHIA VISTA COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZLOTNIK, RONALD H.</b>	3.2 NAME	
STREET ADDRESS	<b>10095 POLO CT.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING VALLEY OH</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changed, or on an attachment) with an address.

SIGNATURE: Mark Allen **MARK ALLEN** 4-18-95 (004) 733-7008  
PRESIDENT