

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

CORPORATION  
ANNUAL REPORT  
1995 *5-1-95*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
OFFICE OF CORPORATIONS

**APPROVED AND FILED**  
95 MAY - 1 11 0 37  
HANG CHANG OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **F59777** (5)  
RON L. MARK ASSOCIATES, INC.

Principal Office Location: P. O. BOX 678609, ORLANDO FL 32867-8609  
Mailing Address: P. O. BOX 678609, ORLANDO FL 32867-8609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized <b>12/28/1981</b>	38. Date of Last Report <b>04/01/1994</b>
4. FEIN Number <b>59-2151118</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Corporation Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation was subject to reorganization under Section 279 of the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Location	2a. Mailing Address
21. State of Incorporation	26. State of Report
22. City	27. City
23. County	28. County
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent  
**MARK, RON L.  
7911 WINTER SONG DR.  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number) (Not Applicable)  
83.  
84. City, State, Zip  
**FL 85. Zip Code**

11. Management of the corporation is in compliance with the 1995 Florida Statutes. The officer or director of the corporation submits this statement for the purpose of changing its registered office. Management of the corporation is in compliance with the 1995 Florida Statutes. Management of the corporation is in compliance with the 1995 Florida Statutes.

Calculate the amount of the fee for this report. The amount of the fee for this report is \$225.00.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION
NAME: PSD MAGSIG, LARRY G. 401 LOBLOLLY LN. ORLANDO FL VTD	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: MARK, PAULETTE J. 7911 WINTER SONG DR ORLANDO FL	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	TYPE OF OFFICER: <input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts as of the date of filing. I am a director or officer of the corporation and I am authorized to execute this report as required by the Florida Statutes, and that my signature is in compliance with the 1995 Florida Statutes.

SIGNATURE: *Larry G. Magsig* **LARRY G. MAGSIG** 4/25/95 407 273-4663  
SIGNATURE AND TYPE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR