FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G04397** **(7)**

1. Corporation Name
MARK EQUIPMENT CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business
3920 VICTORIA DR.
W. PALM BEACH FL 33406

Mailing Address
3920 VICTORIA DR.
W. PALM BEACH FL 33406

2. Principal Place of Business
21 4400 N. Scottsdale Rd
Suite, Apt #, etc.
22 262
City & State
23 Scottsdale AZ
Zip
24 85251
Country
25 U.S.A.

2a. Mailing Address
26 4400 N. Scottsdale Rd
Suite, Apt #, etc.
27 262
City & State
28 Scottsdale AZ
Zip
29 85251
Country
30 U.S.A.

3. Date Incorporated or Qualified: 10/14/1982
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-2239203 ☐ 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

MOLONEY, EDWARD J.
3920 VICTORIA DR
W PALM BCH FL 33406

10. Name and Address of New Registered Agent
81 Name: REGISTERED CORPORATE AGENTS
82 Street Address (P.O. Box Number is Not Acceptable): 612 S. GREENWOOD AVE
83
84 City: CLEARWATER, FL 85 Zip Code: 34616

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: JOHN M. Donniacuo, Pres. [signature] DATE: 4-8-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MOLONEY, EDWARD J	
STREET ADDRESS	3920 VISTORIA DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	STVD	☐ DELETE
NAME	MOLONEY, PATRICIA	
STREET ADDRESS	3920 VICTORIA DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4400 N. SCOTTSDALE Rd #262	
1.4 CITY-ST-ZIP	SCOTTSDALE, AZ. 85251	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4400 N. SCOTTSDALE Rd #262	
2.4 CITY-ST-ZIP	SCOTTSDALE, AZ. 85251	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Edward J Moloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-4-96 Daytime Phone #: 602-595-0232

CR2E034 (12/95)