


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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT # G17356 (8)</b> 1. Corporation Name <b>MARKLEN, INC.</b>							
Principal Place of Business <b>180 S WINTER PARK DR CASSELBERRY FL 32707</b>			Mailing Address <b>180 S WINTER PARK DR CASSELBERRY FL 32707-4405</b>				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/03/1983</b> 3a. Date of Last Report <b>04/26/1996</b> 4. FEI Number <b>59-2246461</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>FIALA, PATRICIA 180 S. WINTER PARK DRIVE CASSELBERRY FL 32707</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code				
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's signature required when reinstating) _____ DATE _____							
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME <b>DP FIALA, JOSEF</b> STREET ADDRESS <b>180 S WINTER PARK DR</b> CITY- ST- ZIP <b>CASSELBERRY, FL 00000</b> 12.2 TITLE <input type="checkbox"/> DELETE NAME <b>ST FIALA, PATRICIA A</b> STREET ADDRESS <b>180 S WINTER PARK DR</b> CITY- ST- ZIP <b>CASSELBERRY, FL 00000</b> 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY- ST- ZIP 21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME <b>V/SIT FIALA, PATRICIA A</b> 23 STREET ADDRESS <b>180 S. WINTER PARK DRIVE</b> 24 CITY- ST- ZIP <b>CASSELBERRY, FL 32707</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 charged, or on an attachment with an address.							
SIGNATURE: <b>Patricia A. Fiala</b> <b>4/12/97 (407) 645-7362</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034 (9/96)