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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # **H39831**

(3)

1. Corporation Name

MARK FETZER, INC.

Principal Place of Business

**2310 N. OLD DIXIE HWY.
FT PIERCE FL 34946
US**

Mailing Address

**P.O. BOX 4362
FT PIERCE FL 34948-4362
US**

3. Date Incorporated or Qualified

01/28/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FETZER, MARK
2310 N. OLD DIXIE HWY.
FT PIERCE FL 34946**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature type - For printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	FETZER, MARK	
STREET ADDRESS	2505 N. OLD DIXIE HWY.	
CITY - ST - ZIP	FT PIERCE FL 34949	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	FETZER, DIANE	
STREET ADDRESS	2505 N. OLD DIXIE HWY.	
CITY - ST - ZIP	FT PIERCE FL 34949	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fetzer, Mark	
1.3 STREET ADDRESS	1890 Cobia Drive	
1.4 CITY - ST - ZIP	Vero Beach, FL 32960	
2.1 TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fetzer, Diane	
2.3 STREET ADDRESS	1890 Cobia Drive	
2.4 CITY - ST - ZIP	Vero Beach, FL 32960	
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 is changed, or on an attachment with an address.

SIGNATURE:

Mark Fetzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97
Date

Daytime Phone #

0473806

CR2E034 (9/96)