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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
MARKWRITE, INC.

Principal Place of Business
6947 ANTIGUA PLACE
SARASOTA FL 34231
US

2. Principal Place of Business
31
Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

H47849 (

ration Name

(5)

## FILED Apr 22 1998 8:00am Secretary of State

MARKW	/RITE, INC	•									
Principal Place	e of Business	Mailing	Mailing Address					T (BBIOLI OTI OBOIT (ABBE 1011) OLDIA LOTI BISTI DIBLE BEDELOTOLI BIOLE OLDII 1005			
6947 ANTIGUI SARASOTA FI US			6947 ANTIGUA PLACE SARASOTA FL 34231 US				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	$\neg$		
2. Principal Pi	lace of Busine	2a Ma	2a. Mailing Address					03/15/1985  4. FEI Number   Applied For			
21	idog of Dosine	33	<u></u> +−¬	26					<b>59-2506445</b> Not Applica	$\neg$	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	$\neg$		
22			27						Fee Required		
City & State	9	—¬ `	City & State					6. Election Campaign Financing \$5.00 May Be			
23				Zip Country					Trust Fund Contribution Added to Fees		
Zip	-	Country	— ·	¬ '					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 9. Name and Address of Current			29   Registered Agent		80]		1	10. Name and Address of New Registered Agent	$\dashv$	
NI.						81	Name			$\neg$	
DUMBAUGH, JOHN D. % SYPRETT, MESHAD, RESNICK & LIEB, PA						82	Stroot A	ddroon.	dress (P.O. Box Number is Not Acceptable)		
	O RINGLING	X EILU, I A	11EU, FA			SUBBLAG	uuress	is (F.O. box Number is Not Acceptable)			
	RASOTA FL								$\neg$		
	-					City		FL 85 Zip Code	$\dashv$		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.							e-named c the corpo	orpora oration'	ation submits this statement for the purpose of changing its register	d ed	
SIGNATURE	Signsture Ivoed o	printed name of registered ag	ent and little if acc	licable (NOT	E Registere	d Age	nl signalure re	equired w	when reinstaing DATE	-	
12.		OFFICERS AN			13.			<u></u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ヿ	
TITLE	PD			DELETE	1.1 TO	TLE			☐ Change ☐ Addi	tion	
NAME	CANDLE										
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	SARASO	TA FL				1.4 CITY-ST-ZIP					
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TITLE				☐ DELETE	6.1 TI		1		Change Addi	'iOII	
NAME					6.2 N						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP	ertify that the	information supplied v	vith this filing	does not qualify f		HY-S		l in Sec	action 119.07(3)(i). Florida Statules. I further certify that the informati	op.	

b. I hereby certify that the information supplied with this filing does not quality 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 changed, or on an attachment with an address.

4-17-90 94

941-822-456