

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H50388 (8)

1. Corporation Name:

MIKE MARKS ENTERPRISES, INC.



Principal Place of Business

P. O. BOX 428
215 SHORE DR.
OZONA FL 34660
US

Mailing Address

P. O. BOX 428
OZONA FL 34660
US

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

WILLIAMS, MIKE
%JOHNSON & BLAKELY LAW OFFICES
911 CHESTNUT ST.
CLEARWATER FL 33517-1368

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, typed or printed name of registered agent and the applicable

Entity. Registered Agent signature is required when making

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	MARKS, O. KENNETH	
STREET ADDRESS	P. O. BOX 428/ 215 SHORE DR.	
CITY-STATE-ZIP	OZONA FL	
TITLE	VD	[] DELETE
NAME	MARKS, MICHAEL J.	
STREET ADDRESS	P. O. BOX 428/215 SHORE DR.	
CITY-STATE-ZIP	OZONA FL	
TITLE	STD	[] DELETE
NAME	MARKS, ROBERTA R.	
STREET ADDRESS	P. O. BOX 428/215 SHORE DR.	
CITY-STATE-ZIP	OZONA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	[] Change [] Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	[] Change [] Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	[] Change [] Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	[] Change [] Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	[] Change [] Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	[] Change [] Addition

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)(b), 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:

Robert R. Marks, Sec.
ROBERT R. MARKS, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 813-785-3075

DATE

Corporate Phone #

CR2E034 (12/95)