

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J05362

(5)

1. Corporation Name

MARK D. GRAHAM, INC.

Principal Place of Business

% MARK D. GRAHAM
12456 S.W. 117TH COURT
MIAMI FL 33186

Mailing Address

% MARK D. GRAHAM
12456 S.W. 117TH COURT
MIAMI FL 33186-5226

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

28. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

GRAHAM, MARK D.
12456 S.W. 117TH COURT
MIAMI FL 33186

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 607.0507 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 of Registered Agent or Secretary of State (if not a corporation)

Signature of Registered Agent or Secretary of State (if not a corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, MARK D.
STREET ADDRESS 12456 S.W. 117TH COURT
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 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)(f), 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 registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. If I am not a corporation, I will so indicate.

SIGNATURE

Mark D. Graham
79 Jan 97

FILED
May 13 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

03/24/1986

3a. Date of Last Report

08/13/1996

4. FID Number

59-2643081

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. 199.062,
Florida Statutes.

[X] Yes

[] No

10. Name and Address of New Registered Agent

CR2034 (9/96)