

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J09877 (8)  
1. Corporation Name  
MARK NOWERY, INC.

Principal Place of Business  
13791 SW 112TH ST  
DUNNELLON FL 34432  
US

Mailing Address  
13791 SW 112TH ST  
DUNNELLON FL 34432-5220  
US



|                                |                     |                     |                     |  |                                       |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>04/17/1986  | 3a. Date of Last Report<br>08/05/1996 |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0000673  | Applied For<br>Not Applicable         |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |                                       |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                                       |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

SERNS, DAVID R.  
2040 N.E. 163RD STREET  
SUITE 302  
NORTH MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

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 *David R. Serns*  
Signature, typed or printed name of registered agent and fee, if applicable

(NOT: Registered Agent signature required when reappointing)

4/4/97  
DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | DP                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NOWERY, MARK      | 1.2 NAME  |   |
| STREET ADDRESS             | 13791 SW 112TH ST | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DUNNELLON FL      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 2.2 NAME  |   |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME  |   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 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 changed, or on an attachment with an address.

SIGNATURE *Mark Nowery*  
Signature, typed or printed name of registered agent and fee, if applicable

CR2E034 (9/96)