Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90105 012 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J09877**

1. Corporation								
Mark N	OWERY, INC.							
	•							
Principal Place	e of Business	Mailing	Address				1 61817 61611 61611 61	
13791 SW 112T	H ST	13791 S	SW 112TH ST					
DUNNELLON FL 34432 DUNNELLON FL 34432						DO NOT WRITE IN TH	IS SPACE	
US US						3. Date Incorporated or Qualifed	13 SFACE	
						04/17/1986		
6 B. S.	land of D	n Mai	iling Address			4. FEI Number	Anı	plied For
<del></del> '	ace of Business	<b></b>	iiiig Address		•	65-0000673	<u> </u>	Applicable
21	# oto	26 Suit	te, Apt. #, etc.		_		\$8.75 A	
Suite, Apt.	#, etc.	- 27	то, гърг. и, сто			5. Certificate of Status Desired	Fee Rec	1
City & State	B		y & State			6. Election Campaign Financing	\$5.00	May Be
23		28	,			Trust Fund Contribution	Added to	· .
Zip	Country	Zip		Coun	ıtry	8. This corporation owes the current year	Intangible	
24	25	29		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registere	d Agent			10. Name and Address of New Registere	d Agent	
			•		81 Name			
	NS, DAVID R.			-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		<del></del>
2040 N.E. 163RD STREET								
	E 302				83			
NOR	TH MIAMI BCH. FL 33162			}	84 City		. 85 Zip C	Code
				- 1		F	LII	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1	508, Florida Statut	es, the ab	ove-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its a	registered   sistered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ipns of, Sec	tion 607.0505, Flo	rida Statu	tes.	of a board of directors. Thoroby decopy are opp		,,,,,,,,
SIGNATURE	Carle 1 - Carre	/ 7	David F	<- St	erne	4~20	-99	
CICITATIONE	Signature, typed or printed name of registered agen				Agent signature require		ALID DIDECTO	DC (N) 42
12.	OFFICERS AN	D DIRECTO		13.	<del>_</del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP MARK		☐ DELETE	1.1 TITI			L'1 allanda	
NAME	NOWERY, MARK			1.2 NA				Ì
STREET ADDRESS	13791 SW 112TH ST				REET ADDRESS			j
CITY-ST-ZIP	DUNNELLON FL	·		_	Y-ST-ZIP			
TITLE			☐ DELETE	2.1 TITI	LE		I IChange	I Addition I
NAME							☐ Change	Addition
STREET ADDRESS				2.2 NAJ	;		Change	Addition
CITY-ST-ZIP	4		·	2.3 STF	REET ADDRESS		Change	Addition
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TITLE	<u> </u>	. q. — а	□ DELETE	2.3 STF 2.4 CD 3.1 TITI	REET ADDRESS TY-ST-ZIP	্ - ৮৪ জন্ম	· ~	
NAME	<u> </u>	-ç a	DELETE	2.3 STF 2.4 CO 3.1 TITI 3.2 NA/	REET ADDRESS TY-ST-ZIP LE ME	<u> </u>	· ~	
NAME STREET ADDRESS	€- <u> </u>	.c. u	DELETE	2.3 STF 2.4 Cn 3.1 TITI 3.2 NA/ 3.3 STF	TY-ST-ZIP  LE  ME  REET ADDRESS	<u> </u>	· ~	
NAME STREET ADDRESS CITY-ST-ZIP	fi_ `	.c. a		2.3 STF 2.4 Cn 3.1 TTT 3.2 NA/ 3.3 STF 3.4. Cn	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	্ <u>ক্রি</u>	Change	Addition
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP