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



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

F	II F NOW: FIL	ING FFF AF	TFR MAY 1	IS \$5	50 OO		
COF	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT C Sandra B. Morthi Socretary of State DIVISION OF CORPORA				
1. Corporate	MENT # J2 MARK REAL ESTA	_	(8) RATED				
Principal Plac	e of Business		Mailing Address				
5333 COMMER STE 104 SPRING HILL (5333 COMMERCIAL VI STE 104 SPRING HILL FL 3460				
2. Principal F	Place of Business Tonnerci	of Ware	a. Mailing Address				
Sulte, Apt.			Suite, Apt. #, etc				
City & Star 23 Sprin	vg Yill	FC 28	City & State				
24BY606-	(498 25)		Zφ	30	Country		
	p. Name and Addr SMA, WIM J.	ess of Current Rec	istered Agent		81		
533	3 COMMERCIAL WA	Y			82		
	: 104 NNG HILL FL 33526				83		
					84		
11. Pursuant office or agent. I a	to the provisions of So- registered agent, or bo am lamiliar with, and ac	th, in the State of Flo copt the obligations	orida Such change v of, Section 607.050	was auth 5, Florida	orized by a Statutes.		
12.	Signature, typed or printed nor	ic of registered agent and t OFFICERS AND DIR		(NO1f.: Be	gislered Agen		
TITLE	PST		DELETE		1.1 TITLE		
NAME	BYLSMA, WIM JAI			ſ	1.2 NAME		
STREET ADDRESS	P O BOX 5322 N/	A			1.3 STREET A		
CITY-ST-ZIP	SPRING HILL FL		T ceres		1.4 CITY-ST		
TITLE	D D	M	[] DELETE		2.1 TITLE		
NAME PERSET ADDRESS	BYLSMA, WIM JAI P O BOX 5322 N/				2.2 NAME		
STREET ADDRESS CITY+ST-ZIP	SPRING HILL FL	n			2.3 STREET A		
TITLE	91 CHI 100 THE 1 C		DELETE		2. 4 CITY-ST 3.1 TITLE		
	İ						

FILED								
Apr 21 1997 8:00am								
Secretary of State								

Principal Plac 5333 COMMER STE 104 SPRING HILL F	CIAL WAY	Mailing Address 533 COMMERCIAL WAY STE 104 SPRING HILL FL 34606-141							
orning nitt r	C 340,0-1430	OFFINO FILL FL 340,00-141	•			3. Date Incorporated or Qualified 07/25/1986		ate of Last R 27/1996	teport
21 542	lace of Business 1 Connercial Way	2a. Mailing Address 26				4. FEI Number 59-2727407		- 	oplied For ot Applicable
Sulte, Apt	•	Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	Fee Re	Additional equired
City & State 23 Sphi A	ug Ylill FL Country	City & State	Countr			Election Campaign Financing Trust Fund Contribution		Added	
2484606-	Country Zip Cour (498 25 29 30 B. Name and Address of Current Registered Agent			y 	·	R. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Name and Address of New Registered Agent			
BYL	SMA, WIM J.		81	Π	Name	10,			
5333	3 COMMERCIAL WAY		82	2	Street Address	ss (P.O. Box Number is Not Acceptat	ie)		
STE			83	-					
SPH	ing Hill FL 33526			1					
1.			84	1	City		FL	85 Zip i	Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida, Such change was a ions of, Section 607.0505, Flo	authorized b orida Statute	oy t os.	the corporation	n's board of directors. I hereby acce	of the app	changing it ointment as	ts registered registered
12.	Signature, typed or printed name of registered agent OFFICERS AND		.: Registered Ag	gent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDC AND	DIRECTOR	20 IAI 12
TITLE	PST	DELETE	1.1 TITLE			ADDITIONO/GHANGES TO OFFIC	LING AND	Change	Addition
NAME	BYLSMA, WIM JAN		1.2 NAME		ĺ			•	
STREET ADDRESS	P O BOX 5322 N/A		1.3 STREE	T A	DDRESS				
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-	SI-	ZIP				
TITLE	D start times	DELETE	2.1 TITLE		}			Change	Addition
NAMÉ	BYLSMA, WIM JAN		2.2 NAME			w [*]			
STREET ADDRESS	P O BOX 5322 N/A Spring Hill Fl		2.3 STREE						
CITY-ST-ZIP TITLE	OFFINO THEE I	DELETE	2. 4 City - 3.1 Title	- 51	· ZP			Change	Addition
NAMÉ			3.2 NAME		ļ				
STREET ADDRESS			3.3 STREE		DORESS				
DITY-ST-ZIP			3.4. CITY-						}
TITLE		DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME	E					
STREET ADDRESS			4.3 STREE	1 AI	DDRESS				
CITY-ST-ZIP			4.4 C(TY-	ST-	ZIP				
TITLE		☐ DELETE	51 THTLE					☐ Change	Addition
NAME			5.2 NAME		ļ				
STRÉET ADDRESS			5.3 STREE	T AS	DDRESS				

14. I do hereby certify that the information subplied 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 a mulai profit 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 convertion
5.4 C(1Y-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition