

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995

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



FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # J32707 (8)

1. Corporation Name  
**MARKAL LIMITED, INC.**

Principal Place of Business Mailing Address  
**25188 MARION AVE., #1035 PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/09/1986** 3a. Date of Last Report **10/05/1994**

4. FEI Number **59-2725160** 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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **25188 Marion Av.** 26 **25188 Marion Av.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **V 17** 27 **V 17**  
City & State City & State  
23 **Punta Gorda** 28 **Punta Gorda**  
Zip County Zip County  
24 **33950** 25 **Charlotte** 29 **33950** 30 **Charlotte**

9. Name and Address of Current Registered Agent  
**KALBFELD, A. CHARLES**  
**25188 MARION AVE. #1035**  
**PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
81 Name **A. CHARLES KALBFELD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**25188 MARION AVE. V17**  
83  
84 City **PUNTA GORDA** FL 85 Zip Code **33950**

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 *A. Charles Kalbfeld* 7-24-95

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KALBFELD, A. CHARLES</b>
STREET ADDRESS	<b>25188 MARION AVENUE</b>
CITY ST ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b>
NAME	<b>KALBFELD, MARTHA</b>
STREET ADDRESS	<b>25188 MARION AVENUE</b>
CITY ST ZIP	<b>PUNTA GORDA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I, the entity, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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: *A. Charles Kalbfeld* 7-24-95 941-639-0706

CR2E034 (3/95)