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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J34408**
 1. Corporation Name
ROBERT O. MARKS, P.A.



Principal Place of Business Mailing Address

~~% ROBERT O. MARKS
 200 E. ROBINSON STREET, SUITE #805
 ORLANDO, FL 32801~~

~~% ROBERT O. MARKS
 200 E. ROBINSON STREET, SUITE #805
 ORLANDO, FL 32801~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1986

4. FEI Number **59-2728991** 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 owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business
255 S. ORANGE AVE.

22. Suite, Apt. #, etc.
SUITE 800

23. City & State
ORLANDO, FL.

24. Zip **32801** 25. Country **USA**

26. Mailing Address
255 S. ORANGE AVE.

27. Suite, Apt. #, etc.
SUITE 800

28. City & State
ORLANDO, FL.

29. Zip **32801** 30. Country **USA**

9. Name and Address of Current Registered Agent

~~MARKS, ROBERT O.
 200 E. ROBINSON ST.
 SUITE 805
 ORLANDO FL 32801~~

**255 SOUTH ORANGE AVE
 SUITE 800
 ORLANDO FL 32801**

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 *Robert O. Marks* DATE **1/11/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD MARKS, ROBERT O.**

STREET ADDRESS ~~512 E. WASHINGTON STREET~~ **255 S. ORANGE**

CITY-ST-ZIP ~~ORLANDO FL~~ **ORLANDO, FL. 32801**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **SUITE 800**

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Robert O. Marks* DATE **1/11/99** Daytime Phone # **(407) 843-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)