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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 13 1997 8:00am Secretary of State	
DOCUMENT # J45265 (2)					
1. Corporation Name MARK SYSTEMS, INC.					
Principal Place of Business 4130 HARBOUR WOODS RD W JACKSONVILLE FL 32225			Mailing Address 4130 HARBOUR WOODS RD W JACKSONVILLE FL 32225-1509		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1986
21. State, Apt. #, etc.			26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996
22. City & State			27. City & State		4. FEI Number 59-2820091
23. Zip			28. Zip		Applied For Not Applicable
24. Country			29. Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
25. Country			30. Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
26. Country			31. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
9. Name and Address of Current Registered Agent RUSSO, MARK A. 4130 HARBOUR WOODS RD W JACKSONVILLE FL 32225			10. Name and Address of New Registered Agent		
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.			81. Name		
SIGNATURE			82. Street Address (P.O. Box Number is Not Acceptable)		
(NOTE: Registered Agent signature required when reinstalling)			83.		
DATE			84. City		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
12.1 PD RUSSO, MARK A. 4130 HARBOUR WOODS RD W JACKSONVILLE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
12.2 VS PARROTT, EDWIN C. 4940 BEACH BLVD. JACKSONVILLE FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
12.3			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
12.4			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
12.5			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
12.6			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, unchanged, or on an attachment with an address.			4/30/97 904-44-6176		
SIGNATURE: [Signature]			[Signature]		