

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1994

1. Corporation Name  
**MARKSELL INCORPORATED**

DOCUMENT #  
**K19048 (3)**

Mailing Address  
**% BUD HILTON  
2120 CALUMET STREET  
CLEARWATER FL 34625**

Principal Place of Business  
**% BUD HILTON  
2120 CALUMET STREET  
CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/21/1988** 3a. Date of Last Report **05/01/1993**

4. FEI Number **59-2876605** Applied For  Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**  6. Election Campaign Financing Trust Fund Contributor

7. Nonprofit Exempt from \$138.75 Supplemental Fee  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 2a. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

8. Name and Address of Current Registered Agent

**HILTON, BUD  
2120 CALUMET STREET  
CLEARWATER FL 34625**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>
2. NAME	<b>HILTON, BUD</b>
3. STREET ADDRESS	<b>2120 CALUMET STREET</b>
4. CITY - ST - ZIP	<b>CLEARWATER FL</b>
5. TITLE	<b>P</b>
6. NAME	<b>HILTON, V. D.</b>
7. STREET ADDRESS	<b>2120 CALUMET ST</b>
8. CITY - ST - ZIP	<b>CLEARWATER FL</b>
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

**300001811493**  
**-05/07/96--01098--030**  
**\*\*\*200.00**

5-1-96  
SJR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *V D Hilton* **V D Hilton** 04/26/94 (813) 447-2775