

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K20796 (4)**

1. Corporation Name
MARK-1 ENTERPRISES, INC.



Principal Place of Business: **620 NW 35TH CT FT LAUDERDALE FL 33309**
Mailing Address: **P.O. BOX 23954 FT. LAUDERDALE FL 33307**

3. Date Incorporated or Qualified: **04/12/1988**
3a. Date of Last Report: **06/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		65-0046420	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	24	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
	Country		Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLACKMON, ANITA 620 NW 35TH CT FT LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMON, ANITA	1.2	NAME
STREET ADDRESS	620 NW 35TH CT	1.3	STREET ADDRESS
CITY - ST - ZIP	FT LAUDERDALE FL	1.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	NAME
STREET ADDRESS		2.3	STREET ADDRESS
CITY - ST - ZIP		2.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY - ST - ZIP		3.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY - ST - ZIP		4.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY - ST - ZIP		5.4	CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY - ST - ZIP		6.4	CITY - ST - ZIP

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 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: *Anita Blackmon* **June 23, 1996** (954) 566 0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)