

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 33307-3954**

3. Date Incorporated or Qualified: **04/12/1988**      3a. Date of Last Report: **01/29/1996**

4. FEI Number: **65-0046420**      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 (21-23)      2a. Mailing Address (24-26)

Suite, Apt. #, etc. (22)      Suite, Apt. #, etc. (27)

City & State (23)      City & State (28)

Country (24)      Zip (25)      Country (29)      Zip (30)

9. Name and Address of Current Registered Agent

**BLACKMON, ANITA  
620 NW 35TH CT  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE:  DELETE      NAME: **PST BLACKMON, ANITA**  
STREET ADDRESS: **620 NW 35TH CT**  
CITY-ST-ZIP: **FT LAUDERDALE FL**

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: \_\_\_\_\_

TITLE:  DELETE      NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_

2.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: \_\_\_\_\_  
2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE:  Change  Addition      NAME: \_\_\_\_\_  
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 if changed, or on an attachment with an address.

SIGNATURE: *Anita Blackmon, Pres.*      ANITA BLACKMON, PRES.      1/16/97      954-566-0091

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

CR2E034 (9/96)