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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996		DI	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUN 1. Corporation		# K237	53	(2)					
	INE MARII	NE, INC.							
Principal Place	of Business		Mailing Addre	ess			{	EA IUN AIBN AIAIN AIAIN	712H A10H A10H 1001
% JOHNNY FORTUNE 109 MEIGS DRIVE SHALIMAR FL 32579			117 MEIGS	% JOH NIN Y FORTUNE 117 MEIGS DR. SHALIMAR FL 32579 US			3. Date Incorporated or Qualified		
2. Principal Pla	lace of Busines	58	2a. Maling A	ddress			4. FEI Number 59-2901909	-	Applied For Not Applicable
Suite, Apt.	#, etc.		26 Suite, Ap	t. #, etc			5. Certificate of Status Desired	1 1 7 7	.75 Additional
City & State	<u></u> _		27 City & Str	ate			Election Campaign Financing		ee Required 5.00 May Be
Z ip	Т	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for	^	er s 199.032,
24		25	29		30		Florida Statutes Ye 10. Name and Address of New	s No	
	g, Name	and Address of Cu	rrent Registered Age	ent	B1	Nanie	10. Name and Address of New	Registered Agent	
EODT! II	Ne, Johnn'	u.					ess (P.O. Box Number is Not Accepta	(ala)	
109 ME		82 Street Ad			ess (F.O. Box Number is Not Accepta				
	AAR FL 3257	79			83				
					84	City		FL 85	Zip Code
or register familiar wi SIGNATURE	ered agent, or lith, and acception of Signal ire for the signal ire fo	or printed to all registrons	ction 607.0505, Flor agent and the Laboraldin AND DIRECTORS		ed by the corp It: firg data: Age 13.		ration submits this statement for the p rd of directors. I hereby accept the ap costs madeling ADDITIONS/CHANGES TO OF	7/1/1/4/2	?
TITLE NAME STREET ADDRESS	117 ME	NE, MARK IGS DR.		DELETÉ.		I ADDRESS		☐ Cha	onge 🗌 Addilion
CITY-ST-2IP TITLE	SHALIM	AR FL		DELETE	1.4 CHY - 2.1 TIFLE			☐ Cna	ange 🔲 Addition
NAME STREET ADDRESS	FORTU	NE, MARK IGS DR.	_	•	2.2 NAME 2.3 STREE	T ADDRESS			
CITY-ST-ZIP	SHALIN				2.4 CHY-			☐ Ch	ange 🔲 Addition
TITLE NAME) DELETE	3 1 Tift E 3 2 NAME 3 3 SIRE	•			sige [] Addition
STREET ADDRESS CITY - ST - ZIP	´				3.4 CiTY	1			
TITLE) DELETE	4 1 TOUR 4 2 NAME	i		☐ Ch	anga 🔲 Addition
NAME STREET ADDRESS						EL ADORESS			
CITY-ST-ZIF					4.4 CHY-		2000018 -05/13/960	31,794;	2
TITLE	1		C	DELETE	5 1 TITLE	ļ	-05/13/96~~0	1022428	ange
NAME					5.2 NAMi		***200,00		
STREET ADDRESS	5				53 SIRE 54 CHY	ET ADDRESS - ST-ZIP			
TITLE				DELETE	6 1 Hft			Ch	nange 🔲 Addition
NAME					6.2 NAM				
STREET ADDRESS	s				63 STRE	ET ADDRESS			
CITY-ST-ZIP				- 	6.4 C/TY	\$1-7:P	for the commuted stated in Costics 1	19.07(3V/A) Florida	Statutes I further
14. I do here certify th oath; tha appears	eby certify that hat the informa at I am an offic s in Block 12 o	t the information supplition indicated on this serior director of the life Block 13 if changes	cried with this filing is a sannual report or supportion or the each or on an all the record, or on an all the record, or on an all the records.	voluntarily fun nlemental ani piver or truste t with an add	nished and di nual report is t ee en powere: dress	es not quarry true and accur d to execute the	for the exemption stated in Section 1 rate and that my signature shall have t his report as required by Chapter 607,	he same legal effect Florida Statutes; a	t as if made under nd that my name

SIGNATURE:

Mark Fortune, Director