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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K54952

(2)

MARKHAM ENTERPRISES, INC.

\2

Principal Place	e of Business	Mailing Address				i oraidaul des Roin Elfor (file) dissi dissi	EL BYRN BINN DYBY		 	
7101 PRESIDENTS DR.		7101 PRESIDENTS DR.			ĺ					
#205	onio Un.	#205								
ORLANDO FL	32609	ORLANDO FL 32809				DO NOT WRITE IN THIS SPACE				
US		US			3.	Date Incorporated or Qualified				
						12/30/1988				
	lace of Business	2a. Mailing Address			4.	FEI Number			plied For	
21	4 212	Suite, Apt. #, etc.				59-2935328		+	t Applicable	
Sulte, Apt.	н, е кс.				5.	Certificate of Status Desired	□ \$	Fee Re	Additional	
City & State	ο	City & State				Floring Assessment Floring				
23	0	28			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country Zip			У		This corporation owes or has pa	_=			
24		25 29 30) 0.	Personal Property Tax due June	-	_	No I	
	9. Name and Address of Curre		<u> </u>		10.	Name and Address of New Re		nt		
MA	RKHAM, JOHN J.		8.	Name						
500 E CONCORD ST				Stroot A	Addross (E	O. Box Number is Not Acceptal	No.			
	LANDO FL 32803		82 Stre			O. BOX NUMBER IS NOT Acceptat	леј		ļ	
-			8:	3						
			-	- City				-1 7in 2	2	
			84	City			FL 81	5 Zip C	JOGE	
11. Pursuant I	to the provisions of Sections 607.050	/e-named o	corporatio	n submits this statement for the p	ourpose of cha	inging its	s registered			
office of re agent. Fai	egist and agent, or both, in the State m tamilia with, and accept the oblig	e of Florida. Such change was a lations of, Section 607,0505, Flor	uthorized b rida Statute				of the appoint	nent as i	registered	
SIGNATURE *	the land	SWIEN	tuan		ZIYNEL	S INCOLLECT SPACE	4/14/98		UPFRM	
DIGITATIONE	Sonature, byred or printed name of registered ag-		Registered A	gent signature r	required wher	reinstaling)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.	т		ADDITIONS/CHANGES TO OFFIC				
TITLE	U	☐ DELETE	1.1 TITLE				ليا	Change	Addition :	
NAME			1.2 NAME	1					[3	
STREET ADDRESS	ON MINO EL			T ADDRESS					<u> </u>	
CITY-ST-ZIP	ORLANDO FL	DELETE	1.4 CITY-	ST-ZIP				Change	Addition	
TITLE	ELLIS, PILAR M.	DELCTE	2.1 TITLE				r-1	Change	L. Addition	
NAME ATRECT ADDRESS	500 E CONCORD ST		2.2 NAME						-	
STREET ADDRESS	ORLANDO FL			T ADDRESS		i e	* *			
CITY-ST-ZIP TITLE	DUDANDO FL	DELETE	2. 4 CITY 3.1 TITLE	- S1 - ZIP			- N	Change	Addition	
NAME	MARKHAM, DANIEL P.	L_1 DELETE	3.1 TITLE 3.2 NAME	}				ounde	L. ROUIION	
STREET ADDRESS	455 MEANDER DR., N.			T ADDRESS	645	e.Hillcrest .ndo FL 32803				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4. CITY	CT 71D	Ocla	ndo FL 32803	3			
TITLE	THE PROPERTY OF THE OWNER OF THE	☐ DELETE	4.1 TITLE	- 21 - 511,	V. 19			Change	Addition	
NAME			4. 2 NAM	.						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			4.4 CITY-	· · · · · · · · · · · · · · · · · · ·					- 1	
TITLE		DELETE	5.1 TITLE	31-101				Change	Addition	
NAME		—	5.2 NAME				_	•		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			5.4 CITY-	1					ŀ	
TITLE		DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			6.2 NAME					-]	
STREET ADDRESS				T ADDRESS]	
CITY-ST-ZIP			6.4 CITY-							
	edity that the information supplied w	ith this filing does not qualify for			d in Section	on 119 07/3)(i) Florida Statutes I	further certify	that the	information	

4. I 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 or an attachment with an address.

4/4/98

402-859-9300

FILED

Apr 17 1998 8:00am

Secretary of State