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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L31073

. Corporation Name

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90032 024 ***150.00

MARK AI	DAMS, INC.						
Principal Place	of Business	Mailing Address				II BEBUI DIGII BEBUI DI	
Principal Place of Business Mailing Address 7191 30TH AVE NORTH 7191 30TH AVE NORTH							
ST.PETERSBURG FL 33710 ST.PETERSBURG FL 33710			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		
					11/20/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-2665121	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			C. Clastica Campaign Financing	\$5.00	•
23	e . <u></u>	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		₽Mo
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Register	ed Agent	
LEO	NARD, R. SAMUEL		81	Name			
	CLEVELAND ST		82	Street Add	ress (P.O. Box Number is Not Acceptable)		·
SUITE D-9TH FL CLEARWATER FL 34616			83				
			84	City	<u> </u>	. 85 Zip C	Code
i				-··,	-	L	
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered
11. Pursuant office or nagent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Flor	uthorized by rida Statutes	r tne corporati s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was autions of, Section 607.0505, Floriand the if applicable. (NOTE:	ithorized by ida Statutes Registered Age	r tne corporati s.	ned when reinstating) DATE	ponument as reg	Jistered
office or nagent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AN	of Florida, Such change was autions of, Section 607.0505, Floriand the if applicable. (NOTE:	uthorized by rida Statutes	r tne corporati s.	gon's board of directors. I hereby accept the ap	ponument as reg	Jistered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS ANI	of Florida. Such change was at ions of, Section 607.0505, Floriand the if applicable. O DIRECTORS O O O O O O	ithorized by ida Statutes Registered Agei	r tne corporati s.	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AN	of Florida. Such change was at ions of, Section 607.0505, Floriand the if applicable. O DIRECTORS O O O O O O	Registered Ages 13. 1.1 TITLE 1.2 NAME	r tne corporati s.	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AND PD O'DOWD, NANCY LEE	of Florida. Such change was at ions of, Section 607.0505, Floriand the if applicable. O DIRECTORS O O O O O O	Registered Ages 13. 1.1 TITLE 1.2 NAME	r the corporati	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AND PD O'DOWD, NANCY LEE 7191 30 AVE NORTH	of Florida. Such change was at ions of, Section 607.0505, Floriand the if applicable. O DIRECTORS O O O O O O	Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE	r the corporati	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AND O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autions of, Section 607.0505, Floriend the if applicable. O DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	r the corporati	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS ANI O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD	of Florida. Such change was autions of, Section 607.0505, Floriend the if applicable. O DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	r the corporati	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of the obligation of the properties	of Florida. Such change was autions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	ned when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH	of Florida. Such change was autions of, Section 607.0505, Floriend the if applicable. O DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO	RS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH	of Florida. Such change was autions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	The corporation of the corporati	ned when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH	of Florida. Such change was autions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	et Address st-Zip et Address et Address et Address et Address et Address	ned when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH	of Florida. Such change was all ions of, Section 607.0505, Florical the if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	et Address st-Zip et Address et Address et Address et Address et Address	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agent of DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH	of Florida. Such change was autions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	et ADDRESS ST-ZIP Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition
office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state	of Florida. Such change was all ions of, Section 607.0505, Florical the if applicable. (NOTE: D DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME	et ADDRESS ST-ZIP Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I at a grant. I at a grant	egistered agent, or both, in the State of mamiliar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state	of Florida. Such change was all ions of, Section 607.0505, Florical the if applicable. (NOTE: D DIRECTORS DELETE	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE	et ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I a signature 12. Title Name Street address City-St-zip	egistered agent, or both, in the State of mamiliar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state	of Florida. Such change was autons of, Section 607.0505, Floring of the frage of th	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	et ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I at a grant. I at a grant	egistered agent, or both, in the State of mamiliar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state	of Florida. Such change was all ions of, Section 607.0505, Florical the if applicable. (NOTE: D DIRECTORS DELETE	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE	et Address st-zip et Address st-zip et Address st-zip et Address st-zip	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. Fa. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PD O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autons of, Section 607.0505, Floring of the frage of th	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	et Address st-zip et Address st-zip et Address st-zip et Address st-zip	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. Fa. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PD O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autons of, Section 607.0505, Floring of the frage of th	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE	et address st-zip	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I at a grant. I at a grant	egistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PD O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autons of, Section 607.0505, Floring of the frage of th	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	TT ADDRESS ST-ZIP ST ADDRESS ST-ZIP	ned when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition
office of in agent. I a agent. I ag	egistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PD O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autons of, Section 607.0505, Florical use if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Title	et Address st-zip	ned when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office of ragent. I at a grant. I at a grant	egistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PD O'DOWD, NANCY LEE 7191 30 AVE NORTH ST PETERSBURG FL STD O'DOWD, TERRANCE R. 7191 30 AVE NORTH ST PETERSBURG FL	of Florida. Such change was autons of, Section 607.0505, Florical use if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered Ageing 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 6.2 NAME 6.3 STREE 6.2 NAME 6.3 NAME 6.3 STREE 6.2 NAME 6.3 NAME 6.3 NAME	et Address st-zip	ned when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition

14. 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 on an attachment with an address with all other like in powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 127/381-56/0

CR2E034 (11/98)