

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 # **L41528** (5)

1. Corporation Name

GARY MARKS, P.A.



Principal Place of Business

Mailing Address

**C/O GARY MARKS
303 SOUTHWEST 6TH STREET
FORT LAUDERDALE FL 33315**

**C/O GARY MARKS
303 SOUTHWEST 6TH STREET
FORT LAUDERDALE FL 33315**

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number

65-0165963

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, GARY
303 SOUTHWEST 6TH STREET
FORT LAUDERDALE FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D
MARKS, GARY
303 S.W. 6TH STREET
FORT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11.1 NAME

1.1 TITLE

11.2 STREET ADDRESS

12 NAME

11.3 CITY - ST - ZIP

13 STREET ADDRESS

11.4 TITLE

14 CITY - ST - ZIP

11.5 NAME

2.1 TITLE

11.6 STREET ADDRESS

22 NAME

11.7 CITY - ST - ZIP

23 STREET ADDRESS

11.8 TITLE

24 CITY - ST - ZIP

11.9 NAME

3.1 TITLE

11.10 STREET ADDRESS

32 NAME

11.11 CITY - ST - ZIP

33 STREET ADDRESS

11.12 TITLE

34 CITY - ST - ZIP

11.13 NAME

4.1 TITLE

11.14 STREET ADDRESS

42 NAME

11.15 CITY - ST - ZIP

43 STREET ADDRESS

11.16 TITLE

44 CITY - ST - ZIP

11.17 NAME

5.1 TITLE

11.18 STREET ADDRESS

52 NAME

11.19 CITY - ST - ZIP

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)