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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Suite, Apr. #, etc.	DOCUM 1. Corporation	MENT # L447 Name GEMENT COMPANY OF	•				1:301.01				
SMARK MANUC TOR ADEN WAY MOURTRIE FORESIDE ST. AUGUSTINE FL 32068 2. Principe Place of Business 2. A. Molling Address 2. Principe Place of Business 3. Date incorporated or Cuanfied 0./1/25/1990 0./14/1985 2. Principe Place of Business 2. A. Molling Address 2. Principe Place of Business 3. Date incorporated or Cuanfied 0./1/25/1990 0./14/1985 2. Principe Place of Business 3. Date incorporated or Cuanfied 0./1/25/1990 0./14/1985 3. Date incorporated or Cuanfied 0./14/1985 3. Certificate of Shadon Control or Cuanfied 0./14/1985 3. Date incorporated or	Principal Place of Business Mailing Address										
2. Principal Place of Business 2a. Mailing Address 2. Mailing Address 5. Sendad59 5. Senda	MARK MANDIC 706 ALDEN WAY. MOULTRIE FORESIDE 706 ALDEN WAY. MOULTRIE FORESIDE				RESI	DE	Date Incorporated or Qualified	3a. Date	e of Last Re	port	
Spring S							· I				
City & State Ci	2. Principal Place	ce of Business	} - 1	- 1				Applied For Not Applicable			
City & State Ci		, etc.	h	h			5. Certificate of Status Desired				
Zip	City & State City & State								\$5.00 May Be		
9, Name and Address of Current Registered Agent MANDIC, MARK 706 ALDEN WAY MOULTRIE FORESIDE ST. AUGUSTINE FL 32084 11. Pursaint to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of charging list registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the epiporhism tea registered agent, and the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the epiporhism tea registered agent and size in Exposure. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS CITY-SI-2P TITLE MANDIC, MARK 706 ALDEN WAY 1.35REET ADDRESS CITY-SI-2P TITLE DELETE 1.10TLS 1.2 PURSAINE 1.2 PURSAINE	Zip Country Zip			 			8. This corporation has liability for intangible tax under s 199.032,				
MANDIC, MARK 706 ALDEN WAY MOULTRIE FORESIDE ST. AUGUSTINE FL 32084 B3	24			1301					Agent		
TOR ALDEN WAY MOULTRIE FORESIDE ST. AUGUSTINE FL 32084 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 agent, or both, in the State of Ronda Stoch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ronda Stoch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. If the purpose of changing its registered agent. If the purpose of changing its registered agent. If the purpose of changing its registered agent. If the purpose of the appointment as registered agent. If the purpose of the appointment					B1	Name					
MOULTRIE FORESIDE ST. AUGUSTINE FL 32084 84 Gity	706 ALDEN WAY MOULTRIE FORESIDE			-	62	Street Add	ress (P.O. Box Number is Not Acceptab	iss (P.O. Box Number is Not Acceptable)			
ST. AUGUSTINE FL 32084 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 registerer 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 hereby accept the appointment are advantagent agent. I hereby accept t				-	83						
The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Segnature, typed or printed name of inspetient agent and late. Facebacks. NOTE. Floridate ad Agent a gratium required when remaining DA.1					84	City			85 Zr	Code	
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's tourn of change agent with and accept the obligations of, Section 607 00505, Florida Statutes. SIGNATURE 12.				as the sho		and acros	ration cultimits this statement for the nu			enistered office	
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TITLE	SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered	Agent s	signature require					
MAME	12.	OFFICERS A	ND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFF				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I fur	CITY-ST-ZIP	-ST-ZIP 64			ry-SI	- ZIP	for the exemption stated in Section 110	9.07(3)(4)	lorida Stati	ites. I further	

certify that the information indicated on this arindal report of supplementar annual report is true and accurate and that my signature shall have the same regardless as influe to be 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.