

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gloria S. Marston
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M00576**

(2)

MARK STANLEY & COMPANY

Principal Name of Registrant
**2121 PONCE DE LEON BLVD.
SUITE 630
CORAL GABLES FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD.
SUITE 630
CORAL GABLES FL 33134**

APPROVED
AND
FILED

MAY 11 11 51 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THE SPACE

3. Date incorporated or qualified 05/11/1984	3a. Date of Last Report 07/06/1994
4. FEI Number 59-2422885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has elected to participate in the election of directors in the State of Florida <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Name of Registrant	26. Mailing Address
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24. ZIP	29. ZIP
25. ZIP	30. ZIP

9. Name and Address of Current Registered Agent

**BOUNDS, BRUCE M
2121 PONCE DE LEON BOULEVARD
SUITE 630
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0105 and 607.1405, Florida Statutes, the above named corporation admits the statement for the purpose of changing its registered office or registered agent is 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 Sections 607.0105, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME PD RAMSEY, JOHN H. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	12.2 CITY SUITE 630	13.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 NAME S BOUNDS, BRUCE M. 2121 PONCE DE LEON BLVD., STE 630 CORAL GABLES FL	12.4 CITY 33134	13.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OK
12.5 NAME VT PARK, BRUCE M. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	12.6 CITY	13.3 NAME PARK, DABNEY G. SUITE 630	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.7 NAME	12.8 CITY	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME	12.9 CITY	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 CITY	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	12.11 CITY	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 CITY	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 NAME	12.13 CITY	13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	12.14 CITY	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.071, Florida Statutes. I further certify that the information included 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. 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, or as part of an attachment with an address.

SIGNATURE: **JOHN H. RAMSEY, PRESIDENT, 4/25/95 305-441-1612**