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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09108

)8 (5)

M. DANNMARK, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Place of Business C/O MARK BARTHEL 2716 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409		Mailing Address C/O MARK BARTHEL 2716 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409-4010				
	-				3. Date Incorporated or Qualified 12/19/1984	3a. Date of Last Report 05/17/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2544125	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29]	Country 30		This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren				10. Name and Address of New Re	
BA	RTHEL, MARK		81	Name		
	16 OKEECHOBEE BLVD.			6		
	EST PALM BEACH FL 33401	82 Street A		Street Add	ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		FL 85 Zip Code
11. Pursuan	It to the provisions of Sections 607.050	2 and 6 07.1508, Florida Statu	ites, the above-r	named core	poration submits this statement for the	
office or	registered agent or both, in the State	Tot Intorida Such change was	authorized by the	ne corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered
	11011	alions of, Solvion 607,0505, 1	iorida Statutes.	an	11.11) 1100	7/11/02
SIGNATURE	Striature sport of thorography prime and not	of and tile if applicable (NO	TE Registered Agent	s quature requi	red when reinstelling	- DAIL 5/11/91
12.	OFFICERS AND		I 13.	a granare redo	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITLE			Change Addition
NAME	BARTHEL, MARK		1.2 NAME			
STREET ADORESS	ATTE OVEROUADER DIVID		1.3 STREET AD	ISBESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CHY-S1-2			
TITLE	P	DELETE	21 TOLE			Change Addition
NAME	SOLES, TERRY		2.2 NAME			E. Onlings E. Accounter
STREET ADDRESS	ATTA ALCERTIANCE DILLO		2.3 STREET AD	NDDE CC		
	WEST PALM BEACH FL					
CITY-ST-ZIP TITLE	T	DEIFTE	2 4 CITY-ST-	7IP		Change Addition
NAME	SOLES, BRIAN	LJ DOLLIE	3.1 TITLE			Change Li Audition
	ATTA OVEROLIODER BLUD		3.2 NAME	P. 25.00		
STREET ADDRESS	WEST PALM BEACH FL		3.3 STREET AD	1		
CITY-ST-ZIP TITLE	S	DELFTE	3.4. D/1Y+\$1-	ZIP		Charac
	BARTHEL, ROBYN	בן עננוונ	4.1 111(1)			Change Addition
NAME	ATAA OVECOHODEE OLVO		4. 2 NAME			
STREET ADDRESS	WEST PALM BEACH FL		4.3 STREET AD			
CITY-ST-ZIP	THEOT FAUN DEAUTIFL	□ bozz	4.4 CITY - ST - Z	71P		
TITLE		☐ DITEIE	51 TILLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP			5.4 CITY - ST - 2	/IP		
TITLE		☐ DELETE	6.1 TITLE	1		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AS	DRESS		
CITY-ST-ZIP	<u></u> .		6.4 CITY - ST - 7	ηρ.		

14. I do hereby certify that the information supplied with this filling 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 it manded or on an attachment with an address.

IOMATURE / /// ///

7/1/am M1 150 00