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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 04 1997 8:00am Secretary of State

DOCUMENT # M63465 (2) 1. Corporation Name MARKSZCO, INC.								81811 21814 21814 21814 21814	: 110 (11)
Principal Place	e of Busines	.c	Ma	iling Address				31811 319 11 81911 81811 31811	
15640 ROLLING MEADOWS CIRCLE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414-9047									
							3. Date Incorporated or Qualified 12/09/1987	3a. Date of Last R 04/01/1996	eport
2. Principal Place of Business Suite, Apt #, etc City & State				2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number	f	oplied For
			26)				65-0033193		Not Applicable 75 Additional
			27				5. Certificate of Status Desired		Fee Required
			28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zηρ 4		Country 25	29	Zip	Countr 30	У	8. This corporation has tiability for in Florida Statutes	ntangible tax under s Yes \[\] No	. 199.032,
ZL	9, Name	and Address of C		ered Agent			10. Name and Address of New Reg	·	
MARKSZ, DONALD J. 15640 ROLLING MEADOWS CIRCLE WEST PALM BEACH FL 33414						Name			
			RCLE		82	Street Add	fress (P.O. Box Number is Not Acceptable	le)	
AAE	OI PALM D	NEACH FL 334 14			83	3			
					84	City		- 85 Zip	Code
					i	1 1			
office or r	edistered at	ent, or both, in the	State of Florid	la. Such change was	authorized b	ve-named corpora	poration submits this statement for the particular to the particul	t the appointment as	registered
SIGNATURE		gent, or both, in the ith, and accept the for protection are of register					poration submits this statement for the pi ation's board of directors. I hereby accep ared when reinstaling)	t the appointment as	registered
SIGNATURE	Signature, typec	for printed name of register		if applicable (N	OTE Registered Ac	geni signature requi		DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, types	for prefed name of register OF FICER	red agent and tile i	f applicable (N	OTE Registered Ac	gent signature requi	ired when reinstaling)	DATE	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, types PD MARKSZ	for printed name of register	red agent and tile i S AND DIREC	if applicable (N	TE Registered Act 13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinstaling)	DATE ERS AND DIRECTOR	RS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachment with an address