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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1996	43	OF WY TO	DIVISION	OF CORP	ORAT	ΟN	S				
DOCU 1. Corporation	MENT : n Name	# <b>P</b> 29	844	(8	)							
MARK	S HTIME	ASSOCIATES	SINC									
178 1771	· Ommili a	NOOCOINIE	), HTQ.						h (BB)(Ab) ((B ((B)A (A)A) (A)A)	(† <b>848)</b> 8184) 8		
Principal Place of Business Mailing Address									{	II BIRT BIRIK B		IA OLDIK EUDIK 1881
730 RUE BIENVILLE 730 RUE BIENVILLE												
	ANS LA 70130			NEW ORLEANS LA								
Principal Place of Business     2. Principal Place of Business								F11171	3. Date Incorporated or Qualified 06/15/1990	3a. Dat	te of Last F <b>05/01/1</b> 9	Report <b>995</b>
21	ace of busines	S	2a. 26	Mailing Address					4. FEI Number			Applied For
Suite, Apt.	#. etc.			Suite, Apl. #, etc.					72-0852867			Not Applicable
22				· 1					5. Certificate of Status Desired			5 Additional
City & State				City & State					6. Election Campaign Financing			Required
23			28						Trust Fund Contribution			00 May Be ed to Fees
Zip		Country		Zip		Country	,		8. This corporation has liability for	ntangible t		
24	2		29		30				Florida Statutes	□ No		,
	9. Name a	nd Address of C	urrent Registe	ered Agent		81	_		10. Name and Address of New R	egistered	Agent	
LEICHT	ENREDG TL	IOMAC				01		lame				
LEICHTENBERG, THOMAS 601 GALLERY DR. #4								treet Addre	Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32792							ļ					
				83								
						84	C	ity		FL	85 Z	ip Code
11. Pursuant t	o the provision	s of Sections 607.	0502 and 607.	1508, Florida Sta	tutes, the a	L above-r	l nam	ed corpora	tion submits this statement for the pur I of directors. I hereby accept the appo	nose of ch	enging its	registered office
familiar wit	od agent, or bo th, and accept	ith, in the State of the obligations of,	Horida, Such ( Section 607.0)	change was autho 505, Florida Statu	orized by th tes.	ie corp	ora	tion's board	of directors. I hereby accept the appoint	pintment as	registered	agent. I am
SIGNATURE									•			
12.	Signature, typical or p	printed name of registeres					l sig	nature respired v	when reinstating)	DATE		
TITLE	<b>D</b>	OFFICERS	AND DIFIECT	ORS DELETE	1:			<sub>Y</sub>	ADDITIONS/CHANGES TO OFFI			
NAME	SMITH, N	MARK C., III		E Dereit	•	1 TITLE				[	Change	☐ Addition
STREET ADDRESS		BIENVILLE				2 NAME	* D.F.	De 00				
CITY-ST-ZiP	l	LEANS LA				3 STREET						
TITLE	VD			[ ] DELETE		4 CHY+S 1 TITLE	J - ZI	<u>,                                     </u>			Change	FT Augres
NAME	SMITH, E	rett t.		•		2 NAME		i		L	Guange	Addition
STREET ADDRESS		BIENVILLE			2:	3 STREET	ADD	RESS				
CITY-ST-ZIP		LEANS LA			2.4	4 CITY - S	) - Zil	,				i
TITLE	SD	<b>D</b>		DELE1E		1 TITLE			**************************************	Ε	Change	Addition
NAME	SMITH, J				3 2	2 NAME						
STREET ADDRESS	NEW OD	BIENVILLE LEANS LA			3 3	SIREET	ADD	RESS				
CITY-ST-ZIP TITLE	INLIT UN	LLANG LA		F) brutti		CITY-S	- Z:F	<u>'</u>	TO SEAL OF THE SEA			
NAME				☐ DECETE		1 T-TLE					Change	☐ Addition
STREET ADDRESS						NAME						į
CITY-ST-ZIP						STREET						
TITLE				DELETE		I CITY-ST 1 THLE	- 211		THE REAL PROPERTY OF THE PERSON OF THE PERSO		7 Change	□ Addition
NAME						NAME				L	Change	Addition
STREE   ADDRESS						STREET	ADDE	RESS				
CITY-ST-ZIP						CITY-ST						
TITLE				DELETE		1 TITLE				<u> </u>	Change	Addition
NAME					6.2	NAME				_	J 19-	
STREET ADDRESS					6.3	STREET	ADDF	ESS				į
CITY-ST-ZIP					6.4	CITY-ST	- 7IP					

14. Lob 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. If 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, the confirmation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dialogid, discreptions with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTIED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996 (504) 581-7300