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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000015455 (8)

MARK 1 SYSTEMS CORP.

4222 NW 54TH 102 COCONUT CR US	Place of Business  W. etc.	Mailing Address 4222 NW 54TH ST 102 COCONUT CREEK FL 33073-4003 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		Date Incorporated or Qualication       01/01/1993     FEI Number       65-0376636     Certificate of Status Desire	4. FEI Number Applied For			
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Countr	У	8. This corporation has liabilit	· ` \_		199.032,
24	9. Name and Address of Curre		30]		Florida Statutes	∐ Yes N		
Dro		ur negistereo Agent	81	Name	10, Name and Address of Ne	w Hegistereti Agei	nt	
	S JARDINS, MARK J		L	Ivanie	-			
	2 NW 54TH ST		82	Street	ddress (P.O. Box Number is Not Acceptable)			
LUI	CONUT CREEK FL 33073		83	<del>,</del>				
			00	Ί				
			84	City		FL 81	5 Zip (	Code
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1509. Elevido Statute	an the obe	la namas	d corporation submits this statement for			
SIGNATURE	am ramiliar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statute	s.	poration's board of directors. I hereby a	DATE	nent as,	registered .
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO C			S IN 12
THLE	MR	☐ DEL€1E	1.5 7171.€				Change	Addition
NAME	DES JARDINS, MARK J		1.2 NAME					
STREET ADDRESS	4222 NW 54TH ST		1.3 STREE	ADDRESS				
City-St-ZiP	COCONUT CREEK FL	Print	14 CHY-	ST - 7IP				
TITLE		☐ DELETE	2111111			Li,	Change	Addition
NAME			22 NAME					
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2 4 CiTY-	S1 - 7)P			Change	Addition
NAME			3.1 HILE 3.2 NAME			L	Criatige	L Addition
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE		DELFTE	4.1 Till f	VI 11			Change	Addition
NAME			4. 2 NAME		1			
STREET ADDRESS			l l	ADDRESS	-			
CITY-ST-ZIP			4.4 CHY-1					
TITLE		☐ DELETE	5 1 1HLE	<del></del>			Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CHY-5	ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		1 0	6.3 STREET	ADDRESS				ļ
CITY-ST-ZIP		// / )	G.4 CITY-5	31- ZIP	<u> </u>			
14. I do heret informatio I am an o appears i	by certify that tire information supplied on indicated on this infull period of fficer or director of the forboration, on Block 12 or Block 1, 1, change, o	rywn Mis fling dhes/flot qualify rupplement I anwiel report is tri r the ruceiver or Justeo empowe r gir an ayachment with an addi	y for the exe ue and acci ered to exec ress.	emption surate and oute this r	Istated in Section 119.07(3)(i), Florida Stated in Section 119.07(3)(i), Florida Stated that my signature shall have the same report as required by Chapter 607, Flori	atutes. I further cert legal effect as if mida Statutes; and th	ify that that the ade und ade und at my na	he ier oath; that ame