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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ו	996	See in co	DIVISION OF	CORPORATIONS		
DOCUM 1. Corporation		P9300	00007280 (9	<del>3</del> )		
MARK ROBERTS ASSOCIATES, INC.						
B ::	- ( F) - o'u o o o		Madaga Adagaga	. ,		
Principal Place of Business  3260 N. HWY, 17-92			Mailing Address -3260 N. HWY, 17-92			
- 6UITE 104			- SUITE 104			
LONGWOOD US	FL-32250		_LONGWOOD_FL_3275	0	3. Date Incorporated or Qualified	3a. Date of Last Report
					01/28/1993	03/17/1995
2. Principal Plac		11 0	2a. Mailing Address	1 11 0	4. FEI Number 59-3162683	Applied For
21 1260		Ho Ave.	26 /26 0 PA. Suite, Apt. #, etc.	Inetto Ave		Not Applicable \$8.75 Additional
# Suite, Apt. #	, etc. La, F		[27] Scille, April 17, 610.	F	5. Certificate of Status Desired	Fee Required
City & State	1 .		City & State	0 1	6. Election Campaign Financing	<b>\$5.00</b> May Be
23 WIN,	ter PA	rl, FL		ARK, FL	Trust Fund Contribution	Added to Fees
Zp 24 3278		Country	29 3078 g	Country 5	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s
24 3278		d Address of Curren			10. Name and Address of New	
				81 Name Q	1.1.0 10/01	,
ROBER	TS, DONALD	)		82 Street Add	ress (P.O. Box Number is Not Accepta	able)
<del>3260 N. HWY. 17-9</del> 2				126	o PAlmetto A	ie
SUFTE 104 LONGWOOD FL 32750					te F	
LONGW	YUUD FL 32	/50		84 City	1. 0.1	FI 85 Zip Code
11 Pursuant to	the provisions	of Sections 607.0502	rand 607,1508, Florida Statuts	es, the above named corpo	ration submits this statement for the p	urpose of changing its registered office
or registere	ed agent, or bo	th, in the State of Fioria	da. Sush change was authoriz ion 107 0505. Florida Statutes	ed by the corporation's boa	ration stitumes this state hard for the p ird of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE.	$\sim$	I 111				6-10-96
ė.	Signature typed or p	intel carea of registeres agent		TE Folip based Agend signature recent		FICERS AND DIRECTORS IN 12
12.	<b>p</b>	OFFICERS AN	DELETE	13.	ALEITIONS/CHANGES TO OF	Change Addition
NAME	ROBERT	S, DONALD		1.2 NAME		
STREET ADDRESS		RNING GLORY		13 STREET ADDRESS		
CITY - ST - ZIF	LAKE M	ARY FL		1.4 CITY - ST - Z P		
TITLE			DEFELE	2 1 TITLE		Change Addition
NAME				2 2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS 2.4 C(TY+S1+Z)P		
CITY-ST-ZIP TITLE			DELETE	3 1 TITLE		Change Addition
NAME			_	3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				34 CrTY ST-ZIP		FT Change FT Addition
TITLE			DELETE	4.11/1(8		Change Addition
NAME OUTS' LADDESCE				4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS ONLY - ST - ZIP				44 CITY ST ZIP		
TITLE	. <del></del>		DELETE	5 1 THEF		Change Addition
NAME				5 2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY - ST - ZIP			C) DELETE	5 4 CITY - ST - ZIP		Change Addition
TITLE			☐ DEL£1€	6 1 TITLE 62 SAME		Cut ide (1) Vandon.
NAME I	ı			O & OCUT S		

CHY-ST-2IF

14. If do 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. I further certify that the information indicated on this arrival 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Button Florida

6-14-96 907-628-5373