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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000007280 (9)

1. Corporation Name
MARK ROBERTS ASSOCIATES, INC.



Principal Place of Business
1260 PALMETTO AVE.
F
WINTER PARK FL 32750
US

Mailing Address
1260 PALMETTO AVE.
F
WINTER PARK FL 32789-4952
US

3. Date Incorporated or Qualified: 01/28/1993
3a. Date of Last Report: 06/14/1996
4. FEI Number: 59-3162683
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

ROBERTS, DONALD
1260 PALMETTO AVE.
STE. F
WINTER PARK FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald Roberts (typed name) [Signature] (Registered Agent signature required when reinstating) [Signature] DATE: 1-6-97

12. OFFICERS AND DIRECTORS

TITLE: P [DELETE] NAME: ROBERTS, DONALD STREET ADDRESS: 374 MORNING GLORY CITY-ST-ZIP: LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [Change] [Addition] 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: 2.1 TITLE: [Change] [Addition] 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 3.1 TITLE: [Change] [Addition] 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: [Change] [Addition] 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: [Change] [Addition] 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: [Change] [Addition] 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1-6-97 407-628-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)