

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024078 (6)

1. Corporation Name

MARK PLANNING GROUP, INC.

Principal Place of Business

8800 - 49TH STREET NORTH
S102 RM 4
PINELLAS PARK FL 34666
US

Mailing Address

8800 - 49TH STREET NORTH
S102 RM 4
PINELLAS PARK FL 34666
US

FILED
95 JUL 11 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3172994

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

7. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 2699 LEE RD

Suite, Apt. #, etc.

22 400

City & State

23 WINTER PARK

Zip

24 32785

Country

25 ORANGE

2a. Mailing Address

26 2699 LEE RD

Suite, Apt. #, etc.

27 400

City & State

28 WINTER PARK

Zip

29 32785

Country

30 ORANGE

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PS	HALLE, MYRON A III	8800 49 ST N S102 RM 4	PINELLAS PARK FL
VPT	HALLE, ROBERTA L	8800 49 ST S102 RM 4	PINELLAS PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		2699 LEE RD #400	WINTER PARK, FL	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		2699 LEE RD #400	WINTER PARK, FL	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/7/95 407/428-0577
Date Telephone #

CR2E034 (3/95)