

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036014 (7)

1. Corporation Name

MARK TOMBERG, INC.



Principal Place of Business

Mailing Address

626 S.E. 4TH ST.
BOYNTON BEACH FL 33435

626 S.E. 4TH ST.
BOYNTON BEACH FL 33435

2. Principal Place of Business:

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0426829

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

10. Name and Address of New Registered Agent

TOMBERG, JEFF
626 S.E. 4TH ST.
BOYNTON BEACH FL 33435

31 Name

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

33 City

FL

35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 other if applicable)

(If "X" is placed in this box, a signature is required when completing this form.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME TOMBERG, MARK
STREET ADDRESS 1516 S.W. 2ND ST.
CITY - ST - ZIP BOYNTON BEACH FL

TITLE P
NAME Tomberg, Lorraine
STREET ADDRESS 1516 S.W. 2ND ST.
CITY - ST - ZIP Boynton Beach, FL 33435

TITLE
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CITY - ST - ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

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22 NAME
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34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Lorraine Tomberg (Pres)

Lorraine Tomberg 6/14/96

407433-9582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR