

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000043278 (9)

1. Corporation Name

MARK DONOVAN & ASSOCIATES, INC.

APPROVED
AND
FILED

95 MAY -1 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 SE 25TH RD #4H
MIAMI FL 33129

Mailing Address

150 SE 25TH RD #4H
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0417008

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. 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2025 BRICKELL AVENUE

2a. Mailing Address

26 2025 BRICKELL AVENUE

Suite, Apt. #, etc.

22 #1405

Suite, Apt. #, etc.

27 #1405

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

DONOVAN, MARK

150 SE 25TH RD #4H

MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

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

2025 BRICKELL AVENUE, #1405

83

84 City

MIAMI

FL

85 Zip Code

33129

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]

MARK DONOVAN, PRESIDENT

X 4/25/94

Signature of current or former registered agent (print name if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONOVAN, MARK
STREET ADDRESS	150 SE 25TH RD #4H
CITY - ST - ZIP	MIAMI FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2025 BRICKELL AVENUE, #1405
1.4 CITY - ST - ZIP	MIAMI, FL 33129
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 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, if named, or on an attachment with an address.

SIGNATURE:

[Signature]

Signature (typed or printed name of signing officer or director)

MARK DONOVAN, PRESIDENT

Date

Signature of President