FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # P93000056871 (5)

1. Corporation Name

MARK LINDNER, INC.

Principal Place of Business	Mailing Address
3199 60 ST SW NAPLES FL 33999	3199 60 ST SW NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0430208	☐ Applied For ☐ Not Applicable
21 5600 TAMIAMI TRAIL NORTH	26 2206 MAJESTIC CT		
Suite, Apt. #, etc 22 #5	Suite, Apt. #, etc 27 NAPLES FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 NAPLES FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33963 / 25 USA	Zip / Country 29 33942 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINDNER, MARK L 3199 60TH ST SW NAPLES FL 33999	81 Name: MARK L. LINDNER 82 Street Address (P.O. Box Number is Not Acceptable): 2206 MAJESTIC CT 83 84 City: NAPLES FL 85 Zip Code: 33942

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 LINDNER 5/25/95
(Signature, typed or printed name of registered agent and title, if applicable) (Date) (Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	LINDNER, MARK	12 NAME	LINDNER, MARK
STREET ADDRESS	3199 60TH ST SW	13 STREET ADDRESS	2206 MAJESTIC CT
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	ST	21 TITLE	ST ☑ Change ☐ Addition
NAME	LINDNER, BARBARA	22 NAME	LINDNER, BARBARA
STREET ADDRESS	3199 60TH ST SW	23 STREET ADDRESS	2206 MAJESTIC CT
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL 33942
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: [signature] PRESIDENT 5/25/95 (813) 514-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Telephone Number)
MARK LINDNER

0332601 CP