

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000002978

1. Corporation Name

MARK PILON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

979 S.E. 6 TERR.

SAME

POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/12/95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

4. FEI Number

65-0461512

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

6. 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

SCOTT H. LUTWAK
SCOTT H. LUTWAK, CPA
1191 E. NEWPORT CENTER DR., SUITE 104
DEERFIELD BEACH, FL 33442

81 Name MARK PILON
82 Street Address (P.O. Box Number is Not Acceptable) 979 SE 6 TERRACE
83
84 City POMPANO BEACH FL 85 Zip Code 33060

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

X Mark Pilon MARK PILON

X 4-27-95

Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. MARK PILON
979 SE 6 TERRACE
POMPANO BEACH, FL 33060
TITLE
NAME
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CITY - ST - ZIP
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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
31. TITLE
32. NAME
33. STREET ADDRESS
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

☐ Change ☐ Addition

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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)(b), 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:

X Mark Pilon MARK PILON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-27-95 305-781-5796
Date (typed or printed name)