

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086222 (4)

1. Corporation Name

PRO-MARK MACHINE TOOLS, INC.



Principal Place of Business

4500 140TH AVE. NORTH
STE. 109
CLEARWATER FL 34622

Mailing Address

4500 140TH AVE. NORTH
STE. 109
CLEARWATER FL 34622

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

24

25

29

30

9. Name and Address of Current Registered Agent

STERN, GLENN
2678 MCMULLEN BOOTH RD.
APT. 8210
CLEARWATER FL 34621

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

10/24/1995

4. FEI Number

59-3282207

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

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, if not applicable,

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P STERN, GLENN
2678 MCMULLEN BOOTH RD., APT. 8210
CLEARWATER FL 34621

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP

18 CITY-ST-ZIP 19 CITY-ST-ZIP 20 CITY-ST-ZIP

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96 CITY-ST-ZIP 97 CITY-ST-ZIP 98 CITY-ST-ZIP

99 CITY-ST-ZIP 100 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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 1996 (813) 538-5553
Date Day/Year/Phone #

CR2E034 (12/95)