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 #
1. Corporation Name

P95000003569 (7)

MARKFOUR, INC.



Principal Place of	Business	Mailing Address						
650 SARANAC DRIVE WINTER SPRINGS FL 32708		650 SARANAC DRIVE WINTER SPRINGS FL 32708						
					3. Date Incorporated or Qualified 01/10/1995	3a. Date of Last	Report	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 10227	GENERAL DRIVE	26 10227 66	ENERAL	DRIVE	59-3286015		Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional ⊛ Required	
City & State		City & State			6. Election Campaign Financing	7 -	.00 May Be	
23 ORLAN	DO, FLORIDA	28 ORLANDO,	F/OR/	DR	Trust Fund Contribution	Ad	ded to Fees	
^{Zip}	72824 25 USA 29 32824			rs PSA	B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No No Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistereo Agent		
			3	11 Name				
ZAINTZ, ALISON G 650 SARANAC DRIVE				Street Ad	ddress (P.O. Box Number is Not Acceptable)			
	SPRINGS FL 32708		[8	3				
			1	14 City		FL 85	Zip Code	
or registered familiar with SIGNATURE	d agent, or both, in the State of Floric , and accept the obligations of, Secti	on 607,0505, Florida Statute	S.	прогазон э ос	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the approximation of the purpose of the purpos	ointment as régiste	red agent. I am	
	gnature, typed or printed name of registered agont OFFICERS AND	and the mappings of	13.	gorn any total a large	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
12.	D OFFICERS AINE	DELETE	1. 1 TIT	LE		Chan		
NAME	ZAINTZ, ALISON G		1.2 NAM					
STREET ADDRESS	650 SARANAC DRIVE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL 32708	}	1.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	2 1 TIT	LE		☐ Chan	ge 🔲 Addition	
NAME.			22 NAI	ME				
STREET ADDRESS			2 3 STF	EET ADDRESS				
CiTY-ST-ZiP		400 440 440		Y-ST-ZIP		Chan	ge Addition	
TITLE		DELETE	3. 1 TIT	ì			gc	
NAME			3.2 NA					
STREET ADDRESS				REET ADDRESS				
City - ST - ZiP		DELETE	4. 1 Til	Y-SI-ZIP		☐ Char	je 🔲 Addition	
TITLE		[] DECC.12	4.2 NA			-		
NAME CIDLET ADDRESS				REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5. 1 Ti			☐ Char	nge 🔲 Addition	
NAME			5 2 NA	ME				
STREET ADDRESS			5 3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CI3	Y-ST-ZIP				
TITLE		DELETE	6. 1 TI	LTE		☐ Cha	nge [] Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY - ST - ZIP			6.4 CI	Y-ST-ZIP	ify for the exemption stated in Section 11	9.07/3\/k) Florida S	latutes I further	
بطعاما الألعا	. and 6 that the information supplied	with this filing is voluntarily fu	irnished and (uses not duali	ity for the exemption stated in section in	olo i folkisji i ionida o	COLLEGE F TOTAL COL	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in section 119.07(3)(K). Fioriod 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.