

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90035 012 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000014609**  
 1. Corporation Name  
**MARK TECHNOLOGIES, INC.**  
*(Formerly "ChequeMARK Technologies Corp.")*

Principal Place of Business Mailing Address  
**4440 N. Oceanshore Blvd 4440 N. Oceanshore Blvd**  
**Palm Coast, FL 32137 Palm Coast, FL 32137**  
*(Previous) (Previous)*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 <b>141 Gene Johnson Rd</b>	26 <b>P.O. Box 3845</b>	<b>02/20/1995</b>	<b>59-3295451</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 <b>St. Augustine, FL</b>	28 <b>St. Augustine, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>32086</b> 25 <b>USA</b>	29 <b>32085</b> 30 <b>USA</b>	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HILLS, ROBERT R.</b> <b>141 Gene Johnson Rd</b> <b>St Augustine, FL 32086</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	1.2 NAME	
STREET ADDRESS	<b>HILLS, ROBERT R</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>141 Gene Johnson Rd</b>	1.4 CITY-ST-ZIP	
	<b>St Augustine, FL 32086</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **May 1, 1999** Daytime Phone #: **904-471-5449**

CR2E034 (1/198)