

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018378 (6)

1. Corporation Name

616 M.R.S.K., INC.



Principal Place of Business

Mailing Address

~~616 M.R.S.K. CENTER~~  
~~300 S. ORANGE AVE.~~  
~~ORLANDO FL 32801~~

~~616 M.R.S.K. CENTER~~  
~~300 S. ORANGE AVE.~~  
~~ORLANDO FL 32801~~

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

Principal Place of Business

2a. Mailing Address

21 601 S. Lake Destiny Rd

26 950 Arden St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #400

27

City & State

City & State

23 Maitland, FL

28 Longwood, FL

Zip

Country

Zip

Country

24 32751

25 Orange

29 32750

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~A.G.O. CO.~~  
~~600 S. ORANGE AVE.~~  
~~ORLANDO FL 32801~~

81 Name

Sharon Cobb

82 Street Address (P.O. Box Number is Not Acceptable)

601 S. Lake Destiny Road

83

#400

84 City

Maitland

FL

85 Zip Code

32751

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

Sharon Cobb

4-30-96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COBB, SHARON  
STREET ADDRESS 950 ARDEN ST.  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D  
NAME COBB, MARVIN  
STREET ADDRESS 950 ARDEN ST.  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

Sharon Cobb SHARON Cobb President

4/30/96

407-875-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)