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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000029357 (7)

1. Corporation Name

MARKS, PEREZ AND ASSOCIATES INC.

Principal Place of Business

4100 W KENNEDY BLVD  
SUITE 202A  
TAMPA FL 33609

Mailing Address

4100 W KENNEDY BLVD  
SUITE 202A  
TAMPA FL 33609-2288



2. Principal Place of Business

21 6718 WILLOW SPRING CT

Suite, Apt. #, etc

22

City & State

23 TAMPA, FLORIDA

Zip

24 33615

Country

25 USA

2a. Mailing Address

26 6718 WILLOW SPRING CT

Suite, Apt. #, etc

27

City & State

28 TAMPA, FLORIDA

Zip

29 33615

Country

30 USA

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3305980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

MARKS, PATRICIA L  
4100 W KENNEDY BLVD  
SUITE 202A  
TAMPA FL 33609

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARKS, PATRICIA L  
STREET ADDRESS 6718 WILLOW SPRING CT  
CITY - ST - ZIP TAMPA FL 33615

TITLE VD ☐ DELETE

NAME PEREZ, LYDIA R  
STREET ADDRESS 15009 MEADOWLAKE  
CITY - ST - ZIP ODESSA FL 33558

TITLE SD ☒ DELETE

NAME FRIEDRICH, RON  
STREET ADDRESS 6470 LAKE SUNRISE  
CITY - ST - ZIP APOLLO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

*Patricia L Marks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

813-249-0084

Daytime Phone #

CR2E034 (9/96)