SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035685 (3)

MARK R. MCCOLLEM, P.A.

Principal Place of Business		Mailing Address			I INFIRMĀN RIÐ IÐIÐI ÐINN ÐUNI ÐURRI				
888 S. ANDREWS AVE. SUITE 301 FT. LAUDERDALE FL 33316		888 S. ANDREWS AVE. SUITE 301 FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
									eport
2. Principal P	lace of Business	2a. Mailin	a Address		·		U4/1	1 0/1996 .	oplied For
21		26	•			65-0575849			ot Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	
City & State		<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip		Country		8. This corporation owes or has			
24	25	29	3	30		Personal Property Tax due Ju] No
	g. Name and Address of Curre	nt Registered A				10. Name and Address of New I	Registered A	gent	
	COLLEM, MARK R			61	Name				
	S. ANDREWS AVE.			82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	TE 301 LAUDERDALE FL 33316			83					
'''	DADDENDACE I C 000 IO			04	04			last 3:	
				84	City		FL	85 Zip (Code
I office or r	registered agent or both in the Stat	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of c	hanging il	s registered				
agent. I a	m familiar with, and accept the obliq	gations of, Section	n 607.0505, Flori	ida Statutes).	and the board of amounts, thereby are	opi ino appoi	TRITIONI GO	rogiotorea
SIGNATURE	Signature, typed or printed name of registered ag	out and big # applical	ulo (MOTE	Springed App	at a constant rece	used when reinstating)	DATE		
12.		ND DIRECTORS	ne (NOTE	13.	an a Granne rec	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE	1			Change	Addition
NAME	MCCOLLEM, MARK R		1.2 NAME						
STREET ADDRESS	888 S. Andrews ave. Suit	. 301 1.3 STRE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		—	1.4 CITY - S	1-Z(P				
TITLE			DELFTE	2.1 TITLE			L	Change	Addition
NAME OTRECT ADDRESS				2.2 NAME	IDDNESS				
STREET ADDRESS CITY-ST-ZIP				2.3 STREET 2.4 City - 9					
TITLE			DELETE	3.1 TOLE	51-21P			Change	Addition
NAME			_	3.2 NAME			_		
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4 CITY-S	iT - ZIP				
TITLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	1				
CITY-ST-ZIP			DELETE	4.4 CITY-S	1-ZIP			Change	Addition
TITLE NAME			C otter	5.1 TITLE 5.2 NAME			L		C ROUNDII
STREET ADDRESS				5.2 NAME 5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S					
TITLE		 	DELETE	6.1 TITLE			Τ	Change	Addition
NAME				6.2 NAME				_	
STREET ADDRESS				6.3 STREET	ADDRESS				
l l									

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 roceivor or frusted 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.

26 00 CHL WA MUNH

FILED

Aug 01 1997 8:00am

Secretary of State