SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P95000037009 (4)

DIIDTV	MANDY	INIC	

DUR	ty Mark,	INC.									
Principal Place of Business Mailing Address					•	I IESIIDDI IIR IRIQI BIIRA ORALI OCIILI U	OLFI OUFFI Jeb	F 100/1 00/11 08/10 10/1 10/1			
4081 N. 38TH AVE. 4081 N. 38TH AVE. HOLLYWOOD FL 33021			T)							
									3. Date Incorporated or Qualified 05/08/1995	3a. Date	e of Last Report
2. Principal	Place of Busi	ness	2a. Mailing	Address					4. FEI Number		Applied For
21		26					55# 267-47-2248		Not Applicable		
Suite, Ap	Suite, Apt. #, etc Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St	ate		City & S	State					6. Election Campaign Financing	····	\$5.00 May Be
23		28						Trust Fund Contribution		Added to Fees	
Zφ		Country	Zip			untry			8. This corporation has liability for i		· · · · · · · · · · · · · · · · · · ·
24	O Name	25 e and Address of Curr	29		30	Т			Florida Statutes 10. Name and Address of New Re	Yes X	No
		*	ent negistered Ag	Jenn		81	Name		IV. Name and Address of New Ne	gistered A	your
	CARIS, JEFF					82	C++	۸ ساتا	ss (P.O. Box Number is Not Acceptab		
	4081 N. 38T HOLLYWOO					62	Street	Addres	is (P:O. Box Number is Not Acceptab	ie)	
	HOLLIHOO	ו בשטעבו				83					
						84	City			FL	85 Zip Code
11. Pursuai	nt to the provis	sions of Sections 607.0	502 and 607.1508,	Florida Statut	les, the a	bove	named o	corpor	ation submits this statement for the pu	irpose of ci	hanging its registered
office o agent. I	r registered a: I am familiar w	gent, or both, in the Sta vith, and accept the obl	te of Florida, Such gations of, Section	change was a 1 6 07.0505, Fi	authorize orida Sta	d by tutes	the corpo	oration	's board of directors. I hereby accept	the appoin	itment as reg stered
SIGNATURE	E	·	_								
	Signature type	d or ponted number of registered a		O/4) o		e:d Ag⊬	nt signatire	requied	where reinstatings	DATE	
12.		OFFICERS A	ND DIRECTORS	DELETE	13.			T	ADDITIONS/CHANGES TO OFFICE	ERS AND I	Change Ado tion
NAME		S, JEFFREY C	L		ı	NAME				_	
STREET ADORES						1.3 STREET ADDRESS		1			
CITY-ST-ZIP	1	YWOOD FL 33021			141	CITY - S	T - ZIP				
TITLE				DELETE	21	THE					Cnange Addition
NAME					221	NAME					
STREET ADDRES	is				23	STREET	ADDRESS				
CITY-ST-ZIP	_		·····	T DELETE		CITY - S	SI - AF				T 65 T 445
TITLE			L	DELETE		TITLE				L	Change Addition
NAME STREET ADDRES						NAME etocci	ADDOCCC				
CITY-ST-ZIP	ы					CHEET CHY-!	ADDRESS St. 719				
TITLE	+		Т	DELETE		TIFLE	51 . 71L.	 			Change Addition
NAME			_		4. 2	NAME					
STREET ADDRES	ss				43	STREET	ADDRESS				
CITY-\$1-ZIP					4.4	CITY - S	T - 21P				
TITLE				DELETE	5.1	TITLE				[Change Addition
NAME					52	NAME					
STREET ADDRES	SS				53	STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			Deveste.		CITY-S	ii - 7 P	 			1 05
TITLE			L	DELETE		TITLE				L.	Change Addition
NAME CZOSEZ ADDOSCO	,					NAME OTOGET	10005500				
STREET ADDRES	55						ADDRESS				
CITY-ST-ZIP 14, I do he	reby certify the	at the information supp	lied with this fring i	is voluntarily fo		city - s and c		qualify	for the exemption stated in Section 1	19 07(3)(k)), Florida Statules 1

SIGNATURE:

I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Socition 119 07(3)(k), Florida Statules 1 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 bit my fitner or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in block 13 if changed, by on an attachment with an address

GNATURE:

GNATURE: