	PLEASE READ	ALL INST	BUCTIONS :	REPORE C	OMPLETI	NG THIS FO	BM ,	
	PLICATION FOR STATEMENT	FLORIDA S	DEPARTMEN Sandra B. Mort Secretary of Si	T OF STATE ham tate		FILEC		
DOCUMENT # P95000043870					98 JUN 28 AM 9: 08			
1. Corporat	N MARK FLORIDA CORP.			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Pi	ace of Business	ss						
i	1323 South					a		
Hollywood Florida 33020  If above addresses are incorrect in any way, line through incorrect information and enter correct 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address. If Applicable 3. New Mailing Office Address If Applicable 3. New Mailing Office Address.								
Suite, Apt.	m	ighty Blvo						
City & State         City & T11           Zip         Country         Zip			l, New Yor		6. S8.75 Additional fee regulated			
· · · · · · · · · · · · · · · · · · ·	and Street Addresses of Each Officer and	11096	l_Nas	ssau	I. <u></u>	OF STATUS DESIRED	or a Certificate of Status A	
Title(s)	Name of Officers and or Directors		Offi	eet Address of Each icer and/or Director to Post Office Box N	City / State / Zip			
P	Robert Golden 420 Doug			hty Blvd.	ty Blvd. Inwood, New York			
					41	mnose	<u> </u>	
						-08/04/9801083008 ****900.00 ****900.00		
8. Name and Address of Current Registered Agent Name					9. Name and A	l Address of New Regis	itered Agent	
CORFORATE SERVICES, INC.				XL CORPORATE SERVICES, INC.				
435 Old Winter Garden Road Orlando, FL 32811				Street Address (P.O. Box Number is Not Acceptable) 4433 Old Winter Garden Road Suite, Apt. #, Etc.				
-				City Orlando			State Zip Code	
10. I, being Signature o Registered	Anaki / T	:P	ration, am familiar wi			7/27/9		
	is <b>co</b> rporation owes or hangible Personal Proper	as paid th	e current yea	·····	No 🗵	(See ot	ther side for information on infangible tax.)	
this rein owed b on this a	that I am an officer or director or the rice istatement application, the reason for diver- y the corporation have been paid and the application is true and occurate, and my si	olution has been. Names of individu	eliminated, the corpo- uals fisted on this forr	rate name satisfies in do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401. F.S., that all fees	
SIGNAT	FURE: SIGNATURE AND TYPED OR PR	INTED NAME OF S	IONING OFFICER OR C	DIRECTOR	71 148	Date Date	Daytime Phone	