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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000045254 (6)

1. Corporation Name

MARKEY MOTORS, INC.

Principal Place of	Business	Mailing Address			16311001 (10 (010) 01111 64111 00111	#### <b>####</b>	11110 ISBN	UISIS VIVI 1485
715 SWANN AVE		-715 SWANN AVE. JAMPA FL 33606						
,			i		3. Date Incorporated or Qualified 06/06/1995	3a. Date		·
2. Principal Place	e of Business	2a. Mailing Address	~ <u>_</u>	- /1	4. FEI Number 59 - 06 19 29 3			Applied For Not Applicable
1 2336	, Ashton Ct.	26 5336 AS Suite, Apt. #, etc.	2UJQ	n Ct.				Additional
Suite, Apt. #,	etc.	27 Suite, Apr. #, etc.			5. Gertificate of Status Desired			Required
City & State	into FL	City & State	a F	-L	6. Election Campaign Financing Trust Fund Contribution		7	O May Be d to Fees
Zip	Country	Zn (007	Coun	12 A	8. This corporation has liability for		k under s	199.032,
43423	3 25 USA	29 34a33	30 4	<b>37</b>	Florida Statutes Yes  10. Name and Address of New I	s ∏No Begietered (	\cent	
	9. Name and Address of Curre	nt Registered Agent		B1 Name	10. Name and Address of New I	negistereo /	-yen	
A					(DO B. D. L. '. N. A. A. A. A.	h(e)		
GREGORY, WILLIAM P 715 SWANN AVE.		82 Street A		32 Street Add	dress (P.O. Box Number is Not Acceptable)			
TAMPA FL			Ī	B3				
				B4 City		FL	85 Z	p Code
					oration submits this statement for the part of directors. Thereby accept the ap-		l l	registered office
or registered familiar with								/
SIGNATUREs	gnature, lypsid or printed hank of registered age			Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
CICNIATUDE		est and life if applicable. NO ND DIRECTORS	1E: Registered / 13.		ed when reissating! ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
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14. I do hereby certify that the information suppried 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 hanged or on an attachment with an address.

SIGNATURE:

SIGN, THE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-29-96

Daytime Phone #