FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068264

1. Corporation Name

MARKET AVENUE, INC.

Pri	ncipa	i Pla	ce of	Busin
128	CUY	AHOG	A R	DAD

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90044 017 ***150.00



Principal Place	e of Business	Mailing Address					
128 CUYAHOGA ROAD		128 CUYAHOGA ROAD					
LAKE WORTH FL 33467		LAKE WORTH FL 33467			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		A Malling Address			09/01/1995 4, FEI Number Applied For		
 -	ace of Business	2a. Mailing Address					
21		26			65-0613828 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22		27					
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28	^				
Zip	Country	— — —	Country		8. This corporation owes the current year intangible Personal Property Tax.		
24	25	29 30	1		1 Cracital Freporty Text		
	9. Name and Address of Curren	t Registered Agent	81	L Name	10. Name and Address of New Registered Agent		
DDAI	INI IACK IN		"	Name	·		
	JN, JACK W		82	Street A	treet Address (P.O. Box Number is Not Acceptable)		
128 CUYAHOGA ROAD		ļ					
LAKE	WORTH FL 33467		83				
			84	City	85 Zip Code		
					FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes, the	ne abov	e-named c	corporation submits this statement for the purpose of changing its registered		
office or re	egistered agen t, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida	rized by Statutes	tne corpor	oration's board of directors. I hereby accept the appointment as registered		
Duli2	Jant 1017	American IA	Ζ,	15	30000 1/10 3.4-95		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regis	stered Age	nt signature rec	equired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition		
NAME	BRAUN, JACK W		1.2 NAME				
STREET ADDRESS	128 CUYAHOGA ROAD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-S	T-ZIP			
TITLE	D		2.1 TITLE		☐ Change ☐ Addition		
NAME	Braun, L. Kathleen W		2.2 NAME				
	128 CUYAHOGA ROAD	1		T ADDRESS			
STREET ADDRESS				Į.	n a compression of the contract of the contrac		
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY-5 3.1 TITLE) !- ZIP	☐ Change ☐ Addition		
TITLE		_		-			
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME		1	5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- 8	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				

14. I 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 chapted, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP