
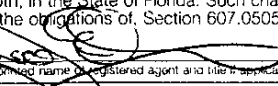
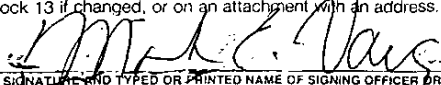


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90024 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000078699 (2) 1. Corporation Name MARK VAUGHN ENTERPRISES, INC.			
Principal Place of Business 836 RIVERSIDE AVE JACKSONVILLE FL 32204		Mailing Address 836 RIVERSIDE AVE JACKSONVILLE FL 32204	
2. Principal Place of Business 21 9449 CRAVEN RD Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 32257 25 USA		2a. Mailing Address 26 9449 CRAVEN RD Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip Country 29 32257 30 USA	
9. Name and Address of Current Registered Agent BEAKES, O. C. 836 RIVERSIDE AVE JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent 81 Name JESSE E. SUMMERS, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 103 CENTURY 21 DR. 83 SUITE 112 84 City JACKSONVILLE - FL 85 Zip Code 32216	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  JESSE E. SUMMERS 5-14-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VAUGHN, MARK 836 RIVERSIDE AVE JACKSONVILLE FL 32204 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEAKES, O. C. 836 RIVERSIDE AVE JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S JESSE E. SUMMERS, CPA 103 CENTURY 21 DR, SUITE #112 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied 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 changed, or on an attachment with an address. SIGNATURE:  MARK E. VAUGHN 5-14-99 (904) 731-0099 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			