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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # P9500	0081555 (1)			
MARK J	ames enterprises, inc).			
Principal Place of Business		Mailing Address			II DEKEN TOTOK IKOON DIKET ETIDA EKIN 1691
18950 US HWY 441 MT. DORA FL 32757 US		18950 US HWY 441 MT. DORA FL 32757-6736 US			
l L				3. Date Incorporated or Qualified 10/20/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FE‡Number 59-3347584	Applied For
Suite, Apt. #, etc.		Suite Ant # old	26		Not Applicable
22		γ	27		S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
24	25		30		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
GOUDREAU, MARK J			60		J
3374 CITRUS AVENUE CRYSTAL RIVER FL 34428			82 Street A	ddress (P.O. Box Number is Not Acceptate	ole)
]	OIAT HILLICIT COLLEG		83		
			84 Cilva		QE Zip Code
			IN	DORA	FL 15 35757
11. Pursuant	to the provisions of Sections 607.05 registered agont, or both, in the State	502 and 607,1508, Florida Statute te of Florida, Such change was as	s, the above-named of the coro	corporation submits this statement for the poration's board of directors. I hereby access	ourpose of changing its registered
agent. La	im familiar with, and scoot the obli	Section 607.0505, Flor	ida Statutes.	11-6	••••••••••••••••••••••••••••••••••••••
SIGNATURE	Signature, typod or prigiogramic of registrifed a	agont and title if applicable [NOTE	Registered Agent signature of	equired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 1/TUE	PRESIDENIT	Change Addition
NAME	GOUDREAU, MARK J		1.2 NAME	MARK J. GOUDRES	LU TO TO TO
STREET ADDRESS	7019 PINE HOLLOW DRIVE		1.3 STREET ADDRESS	19417 GPRING	
CITY-ST-ZIP	MT. DORA FL	T onese	1.4 C(1Y-ST-ZIP	GUSTIS, KL 327	
		DELFTE	2.1 TITLE		Change Addition
NAME APPRECA			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS		
Title		DELETE	3.1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
A ME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHTY - ST - ZIP		Change Addition
TITLE		☐ DECEIE	5.1 TITLE		La Change Admitton
NAME CONCET ANDRESC			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TOTLE		DELETE	6.1 TITLE		Change Addition
NAME		_	62 NAME		–
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I do 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 eath; that if 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 changes, or on an attachment of an address.

FILED

Apr 28 1997 8:00am

Secretary of State