## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF Sandra B. Morthai

JATE

Secretary of State

DIVISION OF CORPORAT

DOCUMENT # P96000042800 (8)

THE NEW MARKER 32, INC.

Principal Place of Business Mailing Address

849 BALLOUGH RD

849 BALLOUGH RD

## **FILED** Jun 18 1997 8:00am Secretary of State



DAYTONA BEA	CH FL 32118	DAYTONA BEACH FL 32114-2211		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1996
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0697091 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	County	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30	Florida Statutes XX Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
	GELLO, CHARLES W		A Nan	Candy D. Gilman
	BALLOUGH RD TONA BEACH FL 32118		82 Stre 83	et Address (P.O. Box Number is Not Acceptable) 845 Pelican Bay Drive
				Daytona Beach FL 32119
11. Pursuant office or regent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the oblider	02 and 607.1508, Florida Statute e of Florida, Such change was a ation of Section 607.0595, Flo	is, the above-nam uthorized by the c rida Statutes	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed nary of registerity ag	Duman		ture required when reinstanting)  DATE  DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	XX DELETE	1.1 TITLE	P/S/T Change X Addition
NAME	LANGELLO, CHARLES W		1.2 NAME	Candy D. Gilman
STREET ADDRESS	692 GROVE AVE		1.3 STREET ADDRES	s 845 Pelican Bay Drive
CITY-ST-ZIP	HOLLY HILL FL 32117		1.4 CITY - ST - 7IP	Daytona Beach, FL 32119
<b>TITLE</b>		☐ DELETE	2.1 TITLE	VP/T Change XX Addition
NAME			2.2 NAME	Mark Lewis Jones
STREET ADDRESS			2 3 STREET ADDRES	2
CITY-ST-ZIP			2 4 CITY - ST- ZIP	Daytona Beach, FL 32118
TITLE		☐ DELETE	3.1 THEE	VP/S Change X Addition
NAME			3.2 NAME	Wallace Lester Jones
STREET ADDRESS			3.3 STREET ADDRES	or surrough the
CITY-S1-ZIP		DELETE	3 4. CHY - \$T - Z(P	Daytona Beach, FL 32118
TITLE		☐ DETE+E	4.1 31TLE	
NAME DEPENDENCE			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - 7IP 5.1 TITLE	Change Addition
NAME		better	5.7 MAME	Ci cannon
STREET ADDRESS			5 3 STREET ADDRES	22
CITY-ST-ZIP			5.4 City - S1 - Zip	
TITLE		DELETE	6.1 TITLE .	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	ss
CITY-ST-ZIP			6.4 CHY-S1-ZIP	
14, I do heret	by certify that the information supplied	d with this filing does not qualif	y for the exemptio	n 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 or fam 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 appaddress.

12/10/04