FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000053891 (3) MARK SCOT CORPORATION Principal Place of Business Mailing Address **5050 HIATUS ROAD** 5050 HIATUS ROAD SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0675489 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VITALE, STEVEN G 300 COLORADO AVE STE 205 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition DAVIS, JAMES R NAME 12 NAME **5050 HIATUS ROAD** STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE DELETE 2.1 TITLE VITALE, OTTO NAME 2.2 NAME **5050 HIATUS ROAD** STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE AKRA, JOSEPH P NAME 3.2 NAME **5050 HIATUS ROAD** STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE ☐ Addition SERLO, LARRY NAME 4. 2 NAME 5050 HIATUS RD STREET ADDRESS 4.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplimental 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 copyrightion or the receiver or rustee 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 any tractifier with an address.

SIGNATURE:

Which is the information supplied with this filling 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 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 copyright or under oath; that I am an officer or director of the copyright of the copyrigh

5.4 CITY - ST - ZIP

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6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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WOSEPH P. AKRA

954-572-2821

Change

Addition

(10/97