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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082573 (2)

1. Corporation Name
TIME MARK, INC.



Principal Place of Business
1899 OAKBRANCH DRIVE
SARASOTA FL 34232

Mailing Address
1899 OAKBRANCH DRIVE
SARASOTA FL 34232-6658

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
10/07/1996

3a. Date of Last Report

4. FEI Number

65-0700139

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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, typed or printed name of registered agent (print title if applicable)

(If Officer) Registered Agent signature (typed or printed name)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
SCHECKER, HOWARD L
1899 OAKBRANCH DRIVE
SARASOTA FL 34232

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSD
SAUVE, DENNIS N
1899 OAKBRANCH DRIVE
SARASOTA FL 34232

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS

Change Addition

24 CITY- ST- ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

Change Addition

34 CITY- ST- ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

Change Addition

44 CITY- ST- ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

Change Addition

54 CITY- ST- ZIP
61 TITLE
62 NAME
63 STREET ADDRESS

Change Addition

64 CITY- ST- ZIP

Change Addition

14. 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 oath. 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.

CR2E034 (9/96)