

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA6 000088502**

1. Corporation Name

**MARK WESCOURT BAIL BONDS INC.**

Principal Place of Business <b>1399 NW 17th Avenue Suite 306C Miami, FL 33125</b>	Mailing Address <b>P.O. Box 370674 Miami, FL 33137-0674</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>October 24, 1996</b>	3a. Date of Last Report <b>n/a</b>
4. FEI Number <b>65-0710251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Mark Wescourt 9674 NW 10th Avenue Lot B228 Miami, FL 33150</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: type or printed name of registered agent and title, if applicable. (If both registered agent signatures required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Pres/Sec/Treas</b>
STREET ADDRESS	<b>Mark Wescourt</b>
CITY- ST- ZIP	<b>9674 NW 10th Ave. Lot B228 Miami, FL 33150</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>Jean Wescourt</b>
CITY- ST- ZIP	<b>1960 NW 187th Terr. OpaLocka, FL 33056</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	<b>500002251575--8</b>
13 STREET ADDRESS	<b>-07/29/97--01123--024</b>
14 CITY- ST- ZIP	<b>****165.00 ****165.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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, 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:  **Jean Wescourt VP** 6/23/97 305-824-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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MARK WESCOURT BAIL BONDS, INC.  
P.O. BOX 370764  
MIAMI, FL 33137-0674

July 17, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref.# P96000088502

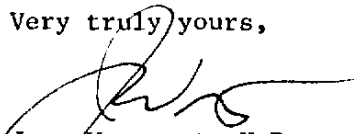
I am returning my check for the 1997 Annual Corporate Report in the amount of \$165.00 as originally submitted.

I did not receive the form to file on time. I called to request the form when I realized it was never received by the company.

When a blank form was received in answer to my telephone request, a check was sent together with the form and information as required.

As a result of these unusual circumstances, I feel that I should not be penalized for a late filing which was not the company's fault.

Very truly yours,

  
Jean Wescourt, V.P.

P.S. When my check was returned this time, a phone call to your office was made again and we were told to write a letter of explanation, attach it to the form together with our check to clear up this matter.