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

PROFIT CORPORATION ANNUAL REPORT

1997



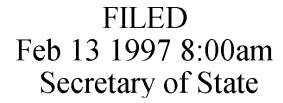
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101438 (5)

MARK ANDERSON, INC.





Principal Plac	ce of Business	Mailing Address	Mailing Address							
Principal Place of Business 4916 E. MICHIGAN ST. APT. 8		4916 E. MICHIGAN ST. API	· ·							
ORLANDO FL 32912		ORLANDO FL 32812-5252	•							
						3. Date Incorporated or Qualified 12/16/1996	3a. Da	te of Last F	Report	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For	
21		26							ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	le	City & State	— ·			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·			
23		28				Trust Fund Contribution			to Fees	
Zip 24	Country	Zip	Cou	ntry		8. This corporation has liability for i			199.032	
24	25 9. Name and Address of Cur	29 rent Registered Agent	30			Florida Statutes 10. Name and Address of New Re	<u> </u>	No No		
AND	ERSON, MARK	ent nogistered Agent		81	Name	IV. Harrie and Address of New Mar	Jistereu A	gent		
	B E. MICHIGAN ST. APT. 8 ANDO FL 32812			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
UNL	ANDO FL 32012			83						
				84	City		FL	85 Zip	Code	
office or	registered agent, or both, in the Sta am familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change was a ligations of, Section 607,0505, Flo	authorized orida Stat	d by t utes.	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	intment as	registered	
12.		AND DIRECTORS	13.	Ageni	signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	2S IN 12	
TITLE	PSD	☐ DELETE	1.1 1/1	TLE.	- 	ABBITION OF THE GEO TO OFFICE		Change	Addition	
NAME	ANDERSON, MARK		1.2 NA	ME			·			
STREET ADDRESS	4916 E. MICHIGAN ST. APT.	8	1.3 ST	REET AI	DDRESS					
CHY-ST-ZIP	ORLANDO FL 32812		1.4 01	TY-ST-	ZIP					
TITLE		DELETE	2.1 Til					Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS	İ		2.3 \$1	REET A	DORESS					
CITY-ST-ZIP			2. 4 Ci	TY-ST-	- ZIP					
TITLE		DELETE	3.1 TIT	LE				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET A	DDRESS					
CITY-ST-ZIP			3.4. CI	ty-st-	- ZIP					
TITLE		☐ DELETE	4.1 TIT	LE				Change	☐ Addition	
NAME			4 2 N	AME						
STREET ADDRESS			4.3 ST	REET A	DDRESS					
CITY - ST - ZIP			4 4 CI	Y-ST-	ZIP					
TITLE		☐ DELETE	5 1 117		}		l	Change	Addition	
NAME			5 2 NA	ME						
STREET ADDRESS			5.3 ST	REET AC	DDRESS					
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		Y-\$T-	ZIP					
TITLE		DELETE	6.1 TIT	LE			T	Change	☐ Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET AL	DDRESS					
CITY - ST - ZIP			6.4 CI	Y-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.

CIONATURE.

Mark ANDERSON

Mark Order

2-8-97

407-282-4797