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

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

DOCUMENT # P97000002887

Markwest, Inc.

Principal Place of Business Mailing Address

118 E. Jefferson Street Orlando, FL 32801

2. Principal Place of Business

Suite, Apl #. etc.

22

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified January 10, 1997

59-3503693

5. Certificate of Status Desired

4. FEI Number

City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip		Country Zip		Co	Country		8. This corporation owes or has paid the current year Intangible	
24	26 29 30				30	<u> </u>		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
. .						81	Nam	ame
Joseph A. Frein						82 Street Address (P.O. Box Number is Not Acceptable)		
118 E. Jefferson Street								
Orlando, FL 32801						83		
						84	City	ty 85 Zip Code
<u></u>						\coprod		FL /
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 protect name of it gettined agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
12.		OFFICE	RS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Director	:		☐ DELETE	1 11	ITLE		☐ Change ☐ Addition
NAME	Joseph A	. Frein			12 N	AME		
STREET ADDRESS 118 E. Jefferson Street					1.3 \$	TREET	ADDRESS	ESS
CITY-ST-ZIP	Orlando.	_FL32801			1.40	ITY-ST	- ZIP	
TITLE	[☐ DELETE	211	ITLÉ		☐ Change ☐ Addition
NAME					2.2 N	AME		
STREET ADDRESS					2.3 \$	TREET	ADDRESS	ress
CITY-ST-ZIP					2 4 0	CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE				☐ DELETE	3 1 T	TLE		☐ Change ☐ Addition
NAME					3 2 N	AME		
STREET ADDRESS					3.3 S	TREET	ADORESS	ESS
CITY-ST-ZIP		_	<u> </u>		3,4 0	ITY-SI	1 - 21P	
TITLE				DELETE.	4.1 11	ITLE		Change ☐ Addition
NAME					4 2 1	AME		1
STREET ADDRESS					4.3 S	TREE ! A	ADDRESS	ESS
CITY - ST - ZIP						ITY-ST	· ZIP	
TITLE				DELETE	5171	TLE.		Addition
NAME					52 N	AME		4/0///
STREET ADDRESS	ļ				538	TREFT A	ADDRESS	185
CITY - \$T - ZIP					5.4 C	ITY-ST	- ZIP	
TITLE				☐ DELETE	6.1 71			900002505060669ge Addition
NAME					5.2 N	AME.		-04/30/9801011001
STREET ADDRESS					63 S	TREET A	ADDRESS	***150.00
CITY+ST-ZIP	-59		and Same			TY-ST		
14. Thereby 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 corpovation 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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable