

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000004330 (1)  
1. Corporation Name  
MARK ANTHONY ARIAS, P.A.



Principal Place of Business: 3319 MAGUIRE BLVD - SUITE 120 ORLANDO FL 32803  
Mailing Address: 3319 MAGUIRE BLVD - SUITE 120 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 540 E. MORATIA AVE, MAITLAND, FL 32751  
2e. Mailing Address: P.O. Box 533442, ORL., FL 32803

21. Suite, Apt. #, etc.: SAME AS ABOVE  
26. Suite, Apt. #, etc.: SAME AS ABOVE

22. City & State: MAITLAND, FL 32751  
27. City & State: ORL., FL 32803

24. Zip: [blank] 25. Country: [blank] 29. Zip: [blank] 30. Country: [blank]

3. Date Incorporated or Qualified: 01/10/1997

4. FEI Number: 59-3424336  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
ARIAS, MARK A  
3319 MAGUIRE BLVD, SUITE 120  
ORLANDO FL 32803  
540 E. MORATIA AVE  
MAITLAND, FL 32751

10. Name and Address of New Registered Agent  
B1 Name: SAME  
B2 Street Address (P.O. Box Number is Not Acceptable): 540 E. MORATIA AVE. STE 200  
B3 [blank]  
B4 City: MAITLAND, FL 85 Zip Code: 32751

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 within 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]* President  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIAS, MARK A	
STREET ADDRESS	3319 MAGUIRE BLVD, SUITE 120	
CITY-ST-ZIP	ORLANDO FL 32803	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 the statement with an address.

SIGNATURE: *[Signature]* President 4/30/98 830-0788

CP2E034 (10/97)