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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

954-493-5386

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035460 (9)

MARK D. COYER, INC.

Principal Place		Mailing Address				
S801 NE STH AVE FT LAUDERDALE FL 33334		5901 NE 5TH AVE				
		FT LAUDERDALE FL 33334			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified	
					04/18/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0748167	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		City & State			Fee Required	
City & State		City & Stato		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Z(p)	Coun	lrv		Added to Fees
24	25	29	30	,	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
No. of the last	9. Name and Address of Curre		1001		10. Name and Address of New Register	
HAI	MILTON, JOAN			Name		
1121 NE 1ST AVE			h	32 Street A	ddress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33304			`	Sireer	rodress (F.O. Box radriber is rad Acceptable)	
1			[0	33		
			ļ.	34 City		85 Zip Code
.]				,	F	-L '
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida \$1	tatutes, the abo	ve-named o	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing its registered
agent. La	egistere 0 agent, or both, in the statem fam iliar with, and accept the obli-	gations of Section 607.0505	vas aumonzeo 5, Florida Statu	by the corp tes:	oration's board of directors. Thereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or peniled mane of register of a			Agent signature r	required when reinstating) DAT	
12.	D OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	COYER, MARK D	tra) precie	1.2 NAM			Ci cuarde Ci vocitori
STREET ADDRESS	5901 NE 5TH AVE					
CITY-ST-ZIP	FT LAUDERDALE FL 33334			EET ADDRESS '-St-Zip		
TITLE	T Dioberioree 16 00001	DELETE				Change Addition
NAME			2.2 NAN			
STREET ADDRESS				EET ADDRESS		1
CITY-ST-ZIP				(-SI-ZIP		,
TITLE		DELETE				Change Addition
NAME			3 2 NAM	IE .		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	7-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				- \$1 - ZIP		
TITLE		DELETE	5.1 TITU	E		Change Addition
NAME			5.2 NAV	E		
STREET ADDRESS			5.3 STRI	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		Change Addition
NAME			6.2 NAV	E		
STREET ADDRESS			6.3 STR	ET ADDRESS		

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 operation 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.