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CORPORATION ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000042039 (2)

## **FILED** May 15 1998 8:00am Secretary of State

}	RKET, INC.					
Principal Place of Business	Mailing Address				iliti itsii Esist ii	lily (Ull lyu)
510 WALDO ROAD	510 WALDO ROAD					
GAINESVILLE FL 32641  GAINESVILLE FL 32641  GAINESVILLE FL 32641						
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				05/09/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 3452555	A	pplied For
<u> </u>	26			59-3452555		ot Applicable
Suite, Apt. #, etc.	Suita, Apt. #, etc.			5. Certificate of Status Desired	, -	Additional
2	27					equired
City & State	City & State			Election Campaign Financing		May Be
<u>.</u>	28	7		Truet Fund Contribution		to Fees
Zip Country	Zip	Coun	try	This corporation owes or has paid the corporation of the corporat		ltangible DNo
4    25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registere		
9. Name and Address of C	Durrent Hegistered Agent	\.	Name	19. Italiio alio Addiess Of Itam Deflistere	2 VAcil	
GRIFFIS, VIRGIL		1"	Ivalle			
510 WALDO ROAD		Ī	Street Ad	fress (P.O. Box Number is Not Acceptable)		
Gainesville fl 32641		ļ.				
		<b> </b> '	33			•
, 6		·   [7	34 City		85 Zip	Code
	27.07.00 - J.027.47.00 Florida Olal			F	L	la anniatava d
11. Pursuant to the provisions of Soctions of	07.0502 and 607.1508, Florida State State of Florida Such change was	utes, the abo authorized	ove-named co by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as	its registered s registered
age is a militar with and accord the	obligations of Section 607.0505. F	Iorida Statu	tos	, ,	, ,	-
manage, I Bill servines and a completion		iorida diata	ics.			
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SIGNATURE Signature, typed or printed name of registr	terod agent and life if applicable (NC	D1E: Registered		quired when reinstating) DATE		
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SIGNATURE Signature, typed or printed name of registr	erod agent and intell applicable (NC RS AND DIRECTORS	DIE: Registered	Agent signature rec	quired when reinstating) DATE		
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indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am are 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 attack from with an address.