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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1000 | | | | | | |
|---|--|---|----------------------------------|----------------------------------|-------------------------|--|---|
| DOCUMENT # P97000098331 (6) MAKE YOUR MARK, INC. | | | | | | | |
| Dringle -1 Die | o of Divisions | | Molling Addre | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| BOS9 NEWPORT VILLAGE WAY 6059 NEWPORT VILLAGE WAY LAKE WORTH FL 33463 LAKE WORTH FL 33463 | | | | | AY | | |
| DINC NONIF | 1 FE 33403 | | CHILE HORITA | CINE WORTH PE 33403 | | | DO NOT WRITE IN THIS SPACE |
| ı | | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | | 11/17/1997 |
| 2. Principal P | 1806 Of Busi | ness | <u>├</u> ¬ | 2a. Mailing Address | | | 4. FEI Number ✓ Applied For |
| Suite, Apt. | # etc | | · | Suite, Apt. #, etc. | | | Not Applicable \$8,75 Additional |
| 22 | ., 010. | | 27 | · · | | | 5. Certificate of Status Desired Fee Required |
| City & Stat | e | | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | | Country | Zip | | Countr | У | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25 | [29] | 30 | <u> </u> | | Personal Property Tax due June 30. Yes You No |
| | | | urrent Registered Agen | <u> </u> | 81 | Name | 10. Name and Address of New Registered Agent |
| | NKINS, DY | | , | | | ivailie | · |
| 6059 NEWPORT VILLAGE WAY LAKE WORTH FL 33463 | | | | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| LAI | VE MOKIL | 1 FL 33403 | | | 83 | | |
| | | | | | | <u> </u> | |
| | | | | | 84 City FL 85 Zip Code | | |
| 11. Pursuant | to the provis | sions of Sections 60 | 7.0502 and 607.1508, Flo | rida Statutes, | the abov | e named | d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered |
| office or r agent. La | r egiste red ag ı m fam iliar w | gent, or both, in the rith, and accept the | obligations of, Section 60 | ange was autr 17.0505, Florid | norized b la Statute | y the cor :s. | rporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | | |
| | Signature, typico | | red agent and bill of applicable | (NOTE: Re | | ent signaturi | re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | I | OFFICER | | | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Addition |
| NAME | | | | DECETE | | | |
| STREET ADDRESS | | 112 | | 1 2 STREE | Z ANNAESS | Dyan B. Hankins 6059 Newport Village Way | |
| CITY-ST-ZIP | ! | | | 1.4 CHTY-ST-ZIP La | | Lake worth , FL 33463 | |
| TITLE | | | | 2 1 TITLE | | Change Addition C | |
| NAME | | 22 | | 2 2 NAME | | | |
| STREET ADDRESS | [2: | | 23 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | | 2. 4 City- | ST-ZIP | |
| TITLE | L_J DELETE 3.1 | | 3.1 TITLE | | Change Addition | | |
| NAME |] | | | | 3.2 NAME | | |
| STREET ADDRESS | | | | | l | I ADDRESS | |
| CFTY-ST-ZIP | - | | · | DELETE | 3,4, CITY- | ST-ZIP | Change Addition |
| TITLE | | | 4,1 TITLE | | Citarge C Adoltion | | |
| NAME STREET ADDRESS | | | | | 4. 2 NAME | | |
| STREET ADDRESS | | | | | T ADDRESS | | |
| CITY-ST-ZIP TITLE | | | | 4.4 CITY - 5.1 TITLE | מויצור | , Change Addition | |
| NAME | ĺ | | _ | | 5.2 NAME | | |
| STREET ADDRESS | | | | | | T ADDRESS | $ M\rangle = 1/\sqrt{2}$ |
| CITY-ST-ZIP | | | | | 5.4 CITY- | | 14W 3/6/9'X |
| TITLE | | | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| | í | | | | I | | |

STREET ADDRESS

CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

64 CITY-ST-ZIP

64 CITY-ST-ZIP

64 CITY-ST-ZIP

***150,00

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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or frustee 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.

uleulaa

FILED

May 06 1998 8:00am

Secretary of State