

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 025 \*\*\*158.75

**DOCUMENT # P98000053171**



1. Entity Name  
**N.Y.C. ENTERPRISES, INC.**

Principal Place of Business  
**100 N SUMMERLIN AVE  
ORLANDO, FL 32801**

Mailing Address  
**100 N SUMMERLIN AVE  
ORLANDO, FL 32801**

**54054517**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3516494**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R  
1413 TROVILLION AVENUE  
WINTER PARK, FL 32789**

## 7. Name and Address of New Registered Agent

Name **TOM A. MARKU**  
Street Address (P.O. Box Number is Not Acceptable)

**100 Summerlin Avenue**

City **Orlando** FL Zip Code **32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed name and title of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-13-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MARKU, TOM A**  
STREET ADDRESS **4344 CONROY CLUB DR.**  
CITY-ST-ZIP **ORLANDO, FL 328352780**

TITLE **VP** ☐ Delete  
NAME **MARKU, JOHN P**  
STREET ADDRESS **106 N. SUMMERLIN AVE**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tom Marku** **4-13-04** **407-383-7297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #