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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074954

1. Corporation Name

MARK BEAGLE INC

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90050 021 ***150.00



						103 103 110 1010 1011 105 11 11				
Principal Place of Business Mailing Address								.,		
701 N.W. 65TH TERRACE 701 N.W. 65TH TERRACE					1					
PLANTATION F	L 33317	PLANTATION FL 33317			Ţ	DO NOT WRITE IN THIS SPACE				
					-	3. Date Incorporated or Qualifed	12 114 11110 0	TAGE		1
						08/27/1998				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Ap	plied For	ļ
MITAL NW 65 AVE		26 701 NW	26 701 NW 65 AVE			65-0859521		No	t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 △		ł
2			7			3. Certificate of Cistos Besides		<u>Fee Re</u>	guired:	=-
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
		28				Trust Fund Contribution Added to Fees				
Zip Country		Zip				This corporation owes the curr			√ 1	ł
24	25	29	30			Personal Property Tax.			X No	-
	9. Name and Address of Curre	nt Registered Agent		04 1		0. Name and Address of New R	registered A	jent		ł
DEA	GLE, MARK			81 Name	ľ					
	-					(P.O. Box Number is Not Accepta	able)			1
701 N.W. 65TH TERRACE PLANTATION FL 33317				70) (_ /	IW 65 AVE				ł
PLA	TIATION FL 33317			83						
				84 City			FL	85 Zip C	Code	
		1005 4500 51 11 0				the sub-like this statement for the		anging its	registered	1
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change w	as authorzed	by the corr	oration's	board of directors. I hereby accep	of the appoint	nent as rec	gistered	
SIGNATURE	-									ļ
SIGNATORE	Signature, typed or printed name of registered age		(NOTE: Registered	Agent signature	required who		DATE			<u>و</u>
12.		ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OF			Addition	1 +
TITLE	D	☐ DELET					l	(Change		1
NAME -	BEAGLE, MARK		1.2 NA	ME	Į.					8
STREET ADDRESS			1.3 STI	REET ADDRESS	70	I NW GS AVE				Į
CITY-ST-ZIP	PLANTATION FL 33317			Y-ST-ZIP				Change	Addition	1 8
TITLE		☐ DELET						Change		`
NAME			2.2 NA	ME						
STREET ADDRESS	:		2.3 ST	REET ADDRESS	3					
CITY-ST-ZIP				Y-ST-ZIP	-			Change	Addition	-
TITLE		☐ DELET	Έ 3.1 TIT	LE		•		Change	☐ Addition	1
NAME			3.2 NA	ΝE		•				1
STREET ADDRESS			3.3 ST	REET ADORESS	8					
CITY-ST-ZIP				Y-ST-ZIP					- Addisina	4
TITLE		☐ DELET	E 4.1 TIT	LE				Change	Addition	
NAME			4. 2 NA	ME						Ì
STREET ADDRESS			4.3 ST	REET ADDRESS	5					Ì
CITY-ST-ZIP				Y-ST-ZIP	1					4
TITLE		☐ DELET			1	••		Change	☐ Addition	
NAME		•	5.2 NA		1 .		•			
STREET ADDRESS			5.3 ST	REET ADDRESS	3					1
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP						1
TITLE		DELET	E 6.1 TIT	LE				Change	Addition Addition	
NAME			6.2 NA	ME						
CTDEET ADDRESS			6.3 ST	REET ADDRESS	3					1

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-436-4552

Daytime Phone #