

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

**97 AUG -5 AM 8:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S53936 (8)**

1. Corporation Name  
**MARK ANDREW INC.**



Principal Place of Business <b>10097 CLEARY BLVD #366 PLANTATION FL 33324</b>	Mailing Address <b>10097 CLEARY BLVD #366 PLANTATION FL 33324</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1844 North Nob Hill Road</b> Suite, Apt. #, etc. <b>22 Suite 244</b> City & State <b>23 Plantation, FL</b> Zip <b>24 33322</b>	2a. Mailing Address <b>26 1844 North Nob Hill Road</b> Suite, Apt. #, etc. <b>27 Suite 244</b> City & State <b>28 Plantation, FL</b> Zip <b>29 33322</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>05/20/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0397981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BELLIO, MARK  
9214 NW 9 PLACE  
PLANTATION, FL FL 33324**

10. Name and Address of New Registered Agent

**81 Name Bellio, Mark**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83 1661 NW 107 Lane**  
**84 City Plantation FL 85 Zip Code 33322**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BELLIO, TRACE</b>	
STREET ADDRESS	<b>1661 NW 107 LANE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BELLIO, MARK</b>	
STREET ADDRESS	<b>1661 NW 107 LANE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>zip-33322</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>zip-33322</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>700002264787--2</b>
3.3 STREET ADDRESS	<b>-08/12/97--01068--021</b>
3.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>8/28/97</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **7/13/97** **97A-157-0870**

CR2E034 (4/97)