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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81257

(5)

MARK DETTMER & ASSOCIATES, INC.

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**FILED** 

Apr 07 1998 8:00am

Secretary of State

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Principal Place of Business		Mailing Address				L contrate cat total titals tital billt fått	
5321 MICHK			5321 MICHIGAN AVE Sanford FL 32771				
SANFORD F	L SEITI	SAMFORD	FL 32771			DO NOT WRITE IN	THIS SPACE
i						3. Date Incorporated or Qualified	
						09/17/1991	
2. Principal I	Place of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-3075924	Not Applicable
Suite, Apt	.#, etc.	<u> </u>	pt.#, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & Sta	10	<u></u>	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country	28     Zip		Country		Trust Fund Contribution	
24	25 29 30		·	'	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	e current year Inlangible  Yes D No	
	9. Name and Address of Cu			301		10. Name and Address of New Registe	
n.	ETTMER, MARK	<u></u>		81	Name		
5321 MICHIGAN AVE							
SANFORD FL 32771				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
J	THE OFFICE OF THE			83			
				84	City		FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607, rogistered agent, or both, in the Sam familiar with, and accept the o	0502 and 607.1508, tate of Florida. Such bligations of, Section	Florida Statute change was au 607.0505, Flor	s, the above uthorized by ida Statutes	e-named cor the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	
SIGNATURE		-					
	Signature, typed or printed name of registore		(NOTE		rit signature requ		ATL
12.		AND DIRECTORS	DELETE	13.	- <del></del>	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD MADY	ι	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	DETTMER, MARK 5321 MICHIGAN AVE			1.2 NAME			
STREET ADDRESS	SANFORD FL			1.3 STREET			
CITY-ST-ZIP TITLE	OARFORD FL		DELETE	1.4 CITY - S 2.1 TITLE	T- ZIP		Change Addition
NAME		L		2.1 TILLE 2.2 NAME			Change Cityonion
STREET ADDRESS					1000000		
CITY-ST-ZIP				23 STREET			
TITLE			DELETE	2 4 DITY-S 3.1 TITLE	on - 21P		Change Addition
NAME		•	· <del>-</del>	3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY - S			
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			<b>,</b>
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-\$1-ZIP				4.4 CITY - S			
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST			
TITLE		Ţ	DELETE	6.1 TILE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS	* ************************************			6.3 STREET	ADDRESS		
CITY-ST-7IP	•			64.0017.01	710		

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 eath; 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.

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