FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S95699** **(2)**

1. Corporation Name

MARK R. SHANNON, INC.

Principal Place of Business	Mailing Address
11050 SW 25TH ST DAVIE FL 33324	11050 SW 25TH ST DAVIE FL 33324

2. Principal Place of Business	2a. Mailing Address
21 4667 University Dr	26 4667 University Dr
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Coral Springs FL	City & State 28 Coral Springs FL
Zip 24 33067 Country 25 USA	Zip 29 33067 Country 30 USA

3. Date Incorporated or Qualified: 11/21/1991
3a. Date of Last Report: 01/27/1995
4. FEI Number: 65-0307218 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BLYLER, WILLIAM E.
11050 SW 25TH ST
DAVIE FL 33324

10. **Name and Address of New Registered Agent**

81 Name: Blyler, William E
82 Street Address (P.O. Box Number is Not Acceptable): 1901 W Cypress Creek Rd
83 Suite 415
84 City: Fort Lauderdale FL 85 Zip Code: 33309

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☒ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	SHANNON, MARK R.		1.2 NAME	Shannon, Mark R	
STREET ADDRESS	11050 SW 25TH STREET		1.3 STREET ADDRESS	2891 NE 18 ST	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	VPS	☒ DELETE	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	SHANNON, RONALD		2.2 NAME	Shannon, Ronald	
STREET ADDRESS	11050 SW 25TH STREET		2.3 STREET ADDRESS	~~2150 SW 121~~ P.O. 292706	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	Davie FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1-22-96 954 755-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)