

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

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Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S95699 (2)

1. Corporation Name
MARK R. SHANNON, INC.

Principal Place of Business 4667 UNIVERSITY DR. CORAL SPRINGS FL 33067 US	Mailing Address 4667 UNIVERSITY DR. CORAL SPRINGS FL 33067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0307218	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	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 BLYLER, WILLIAM E 1901 W. EXPRESS CREEK RD. SUITE 415 TALLAHASSEE FL 33309		10. Name and Address of New Registered Agent 81 Name JOHN PADGETT 82 Street Address (P.O. Box Number is Not Acceptable) 4667 University Dr. 83 84 City Coral Springs FL 85 Zip Code 33067	
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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 *[Signature]* DATE 1-4-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
TITLE	PT SHANNON, MARK R. 2891 N.W. 18TH ST. POMPANO BEACH FL	1.1 TITLE	PRESIDENT.
NAME		1.2 NAME	ROBERT CAJIGAS
STREET ADDRESS		1.3 STREET ADDRESS	459 SW 204 AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pembroke Pines FL 33029
TITLE	VPS SHANNON, RONALD 3150 SW 121ST AVE/ DAVIE FL	2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	John PADGETT
STREET ADDRESS		2.3 STREET ADDRESS	2006 SW 7th ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. LRDLE, FL 33607
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/98 (954) 755-7604

CR2E034 (10/97)