

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 02, 1996 08:00 AM
Secretary of State

DOCUMENT # **V66001 (1)**
1. Corporation Name
MARKIM ENTERPRISES, INC.



Principal Place of Business: **P.O. BOX 291223 FT. LAUDERDALE FL 33329**
Mailing Address: **P.O. BOX 291223 FT. LAUDERDALE FL 33329**

3. Date Incorporated or Qualified: **09/21/1992** 3a. Date of Last Report: **06/20/1995**
4. FEI Number: **65-0359438** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MATALA, MARK E.
7701 SIMMS ST.
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

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 typed or printed name of registered agent and the date: (Date) Registered Agent signature required when re-appointing: DATE:

12. OFFICERS AND DIRECTORS
TITLE: **P** DELETE
NAME: **MATALA, MARK E**
STREET ADDRESS: **7701 SIMMS ST.**
CITY-ST-ZIP: **HOLLYWOOD FL 33024**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 checked, or on an attachment with an address.

SIGNATURE: *Mark E. Matla* 7/29/96 954-894-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE TYPED OR DIRECTOR Date Date-time Phone #

CR2E034 (12/95)