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95 APR 21 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 648358 (0)**

1. Corporation Name  
**MARK ALLEN, INC.**

Principal Place of Business <b>9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE FL 32256</b>	Mailing Address <b>9471 BAYMEADOWS ROAD, SUITE 204 JACKSONVILLE FL 32256</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1979</b>		3a. Date of Last Report <b>02/08/1994</b>	
2. Principal Place of Business 21 <b>7893 BAHIA VISTA COURT</b>		4. FEI Number <b>59-1962546</b>	
2a. Mailing Address 26 <b>7893 BAHIA VISTA CT</b>		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>JACKSONVILLE FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>32256</b>		25 <b>DUVAL</b>	
City & State 27 <b>JACKSONVILLE, FL</b>		28 <b>JACKSONVILLE, FL</b>	
Zip 29 <b>32256</b>		30 <b>DUVAL</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ALLEN, MARK</b> <b>9471 BAYMEADOWS ROAD</b> <b>SUITE 204</b> <b>JACKSONVILLE FL 32256</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable) <b>7893 BAHIA VISTA COURT</b>			
				B3			
				B4 City <b>JACKSONVILLE, FL</b> B5 Zip Code <b>32256</b>			

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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>7893 BAHIA VISTA COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TDV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, RITA</b>	2.2 NAME	
STREET ADDRESS	<b>7893 BAHIA VISTA COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZLOTNIK, RONALD H.</b>	3.2 NAME	
STREET ADDRESS	<b>10095 POLO CT.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING VALLEY OH</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (changed, or on an attachment) with an address.

SIGNATURE: Mark Allen **MARK ALLEN** 4-18-95 (004) 733-7008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Form 9)