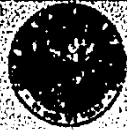


FILED 1995 FLORIDA DEPARTMENT OF STATE

FILED

**CORPORATION ANNUAL REPORT 1995**



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

95 JAN 25 PM 2:39

**DOCUMENT # F86660 (0)**  
1. Corporation Name  
**KEN MARKS FORD, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
24825 US HWY 19 N CLEARWATER FL 34623 24825 US HWY 19 N CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/21/1982 3a. Date of Last Report 02/08/1994

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

4. FEI Number 59-2214873 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  
MARKS, KEN, JR  
24825 US 19 N  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME MARKS, O.K., SR.  
STREET ADDRESS 24825 US 19 N  
CITY-ST-ZIP CLEARWATER FL  
TITLE VSTD  
NAME MARKS, KEN, JR.  
STREET ADDRESS 24825 US 19 N  
CITY-ST-ZIP CLEARWATER FL  
TITLE D  
NAME MARKS, MIKE J  
STREET ADDRESS 24825 US 19 NO  
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DIRECTOR  Change  Addition  
1.2 NAME O.K. MARKS SR.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE PRESIDENT  Change  Addition  
2.2 NAME KEN MARKS JR  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE V. Pres / SECT / TREAS  Change  Addition  
3.2 NAME MIKE J. MARKS  
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 110.07(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; that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as a shareholder with an address.

SIGNATURE: [Signature] O. KEN MARKS JR, 1/16/95 813-797-2327  
Signature of Officer or Director Date Daytime Phone #