SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300002550 (2)

MARK CENTERS TRUST, INC.

Principal Place	e of B usiness	Mailing Address				it marts karin tidat dilat Belif Edit idal
600 THIRD AVENUE 600 THIRD AVENUE						
KINGSTON PA 18704		KINGSTON PA 18704		DO NOT WOLLE	IN 71 80 004 05	
İ					DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
					06/02/1993	02/13/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			23-2715194	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				60.75
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has pai	3695 '
24	25		10		Personal Proporty Tax due June	
					10. Name and Address of New Re	Sisteled Wieur
	PRENTICE-HALL CORPORATION	N SYSTEM, INC.		Manie		
	1 HAYES STREET TE 105		8	Street A	ddress (P.O. Box Number is Not Acceptab	le)
	LAHASSEE FL 32301		8:			
, inc	DANASSEE FL 32301					
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nar					orporation submits this statement for the p	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ZOOK, DAVID S		1,2 NAME			
STREET ADDRESS	600 THIRD AVENUE		1.3 STREE	1 ADDRESS		1
CITY-ST-ZIP	KINGSTON PA 18704		1.4 CITY-	ST-ZIP		
TITLE	OPPAIRY PETER O	DELETE	21 THILE			Change Addition
NAME	GERNEY, PETER G 600 THIRD AVENUE		2.2 NAME	1		ļ
STREET ADDRESS	KINGSTON PA 18704			T ADDRESS		[
CITY-ST-ZIP	OFO	DELETE	2. 4 CITY 3.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	KANE, JOHSUA	E DECENT	3.1 HALE	}		CT custuffe CT Monthour
STREET ADDRESS	AAA TI HAA AARAH IP			T ADDRESS		
CITY-ST-ZIP	KINGSTON PA 18704		3.4. CITY			
TITLE	V	DELETE	4.1 TITLE	31-215		Change Addition
NAME	ALTHOFF, STEPHEN		4. 2 NAMI			_ ,
STREET ADDRESS	600 THIRD AVENUE		4 3 STREE	T ADDRESS		
CITY-ST-ZIP	KINGSTON PA 18704		4.4 CITY-	i i		Ì
TITLE	C	DELETE	5.1 TITL€			Change Addition
NAME	MARVIN, SLOMOWITZ	•	5.2 NAME			
STREET ADDRESS	313 SYLBERT DR		5.3 STREE	1 ADDRESS		`]
CITY-ST-ZIP	KINGSTON PA		54 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. I do 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:

FILED

Jul 29 1997 8:00am

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Secretary of State

7/22/97 (717) 288-4581