


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M82592</b> 1. Entity Name INTERMARK INDUSTRIES INC.	
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Principal Place of Business C/O BERNARD KREMEN 6940 NW 43 ST MIAMI, FL 33166 US	Mailing Address 1431 BROADWAY 8TH FLOOR NEW YORK, NY 10018 US
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DO NOT WRITE IN THIS SPACE

FILED

04 FEB 20 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2894348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

KREMEN, BERNARD  
 6940 NW 43 ST  
 MIAMI, FL 33166

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

400029322974  
02/24/04--01060--016 \*\*150.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREMEN, BERNARD 6940 NW 43 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, ROBERT D 1431 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Levine 2/10/04 717-840-1610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #