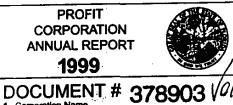
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

LANDMARK MANAGEMENT COMPANY, INC.



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

**DIVISION OF CORPORATIONS** 

Secretary of State

**FILED** May 17, 1999 8:00 am Secretary of State

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Principal Place	of Business		ailing Address				ı	•			
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SUITE 200		SUITE 200 NAPLES FL 34103				-	DO NOT WRITE IN THIS SPACE				
NAPLES FL 34103 US		US				3. Date Incorporated or Qualifed					
••								03/18/1971			
2 Principal Pl	ace of Business	2a.	. Mailing Address			······	4.	, FEI Number			Applied For
21	14	26	•					59-1321320	<u> </u>		lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	. Certifcate of Status Desired			Additional
22			·					. Certificate of Glades Boards		Fee	Required
City & State			City & State			6.	. Election Campaign Financing		-	🕽 May Be	
23		28			·`		Ш.	Trust Fund Contribution			to Fees
Zip	Country		Zip	Cor	untry		8.	. This corporation owes the cur	rent year Inte		ra.
24	25	29	3	<u>o]</u>				Personal Property Tax.		☐ Yes	Ø.No
	9. Name and Address of Current	Regis	stered Agent				10.	. Name and Address of New	Registered /	-gent	
					81  N	اame ام N	1 (	Gregory			
Catalano, Fisher & Buckel, Chartered					82 5	Street Addre	ess (F	P.O. Box Number is Not Accept	able)		
4001 TAMAMI TRAIL, NO 404					ĽĽ			el & Andress			
NAPLES FL 33940					83	ደናበ	) D.	ark Shore DRive			
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						' 'N'	les	s, FL	FL.	1 1 '	<b>3</b> 4103
44 Durauant	to the powisions of Sections 607,0502	and/6	07.1508/Florida Statutes	, the a	bove-n	amed corpo	oratio	on submits this statement for the	purpose of	changing i	ts registered
office or n	to the provisions of Sections 607.0502 egistered egent, or both, in the State of m familiar with, and accept the obligate	56	da. Sucti charge was auti	ngrize	d by the	corporatio	on's bi	oard of directors. I hereby acce	the abhou	MINELIF GS	in Alleranani '
agent. I a	m familiar with, and accept the colleged	<b>101</b> 01		7 36	10103.		5	49			
SIGNATURE	Signature, typed or printed name of captatered/poers		Macrobia (NOTE:R)	ecislered	d Agent sko	pneture required		reinstating)	DATE		<del></del> _
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I nereby certify that the information supplied with this ming 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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