FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **611279** **(1)**

95 MAY -1 AM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
LANDMARK DEVELOPMENT OF PALM BEACH INC.

Principal Place of Business	Mailing Address
C/O OMAR DEL RIO, CPA 2324 SOUTH CONGRESS AVE. SUITE 2C WEST PALM BEACH FL 33406	C/O OMAR DEL RIO, CPA 2324 SOUTH CONGRESS AVE. SUITE 2C WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-2487004** ☐ 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

DEL RIO, OMAR, CPA
2324 SOUTH CONGRESS AVENUE
SUITE 2C
WEST PALM BEACH FL 33406

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 provision of Section(s) 607.0502, and/or 617.0502, 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: (If changing Registered Agent, Registered Agent must sign.) (If the Registered Agent is a corporation, the officer must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DPS	51 Title	☐ Change ☐ Addition
Name	FAUST, ROBERT L.	52 Name	
Street Address	4442 FLAX COURT	53 Street Address	
City-St-Zip	PALM BCH GARDENS FL	54 City-St-Zip	
Title		55 Title	☐ Change ☐ Addition
Name		56 Name	
Street Address		57 Street Address	
City-St-Zip		58 City-St-Zip	
Title		59 Title	☐ Change ☐ Addition
Name		60 Name	
Street Address		61 Street Address	
City-St-Zip		62 City-St-Zip	
Title		63 Title	☐ Change ☐ Addition
Name		64 Name	
Street Address		65 Street Address	
City-St-Zip		66 City-St-Zip	
Title		67 Title	☐ Change ☐ Addition
Name		68 Name	
Street Address		69 Street Address	
City-St-Zip		70 City-St-Zip	
Title		71 Title	☐ Change ☐ Addition
Name		72 Name	
Street Address		73 Street Address	
City-St-Zip		74 City-St-Zip	

14. I do hereby certify that the information supplied with this report is accurately transcribed and 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Robert L. Faust Robert L. Faust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1995 (401) 439-5500
(Date) (Telephone Number)

0240064 CP