

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 688562 (8)

1. Corporation Name

TILLMARC, INC.



Principal Place of Business

Mailing Address

2891 BUCK RIDGE TRAIL
P.O. BOX 885
LOXAHATCHEE FL 33470
US

PO BOX 885
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

2a. Mailing Address

21 3037 BUCK RIDGE TRAIL

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 885

27

City & State

City & State

23 LOXAHATCHEE, FL

28

Zip

Country

Zip

Country

24 33470

25

PALM BEACH

29

30

9. Name and Address of Current Registered Agent

PFERDEKAEMPER, GISELA
2891 BUCK RIDGE TRAIL
PO BOX 885
LOXAHATCHEE FL 33470

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 the provisions of Chapter 607, Florida Statutes.

SIGNATURE (Pferdekaemper, Pres.)

(NOTE: Registered Agent signature required when filing)

DATE

01-14-96

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	PFERDEKAEMPER, GISELA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	☐ DELETE
NAME	PFERDEKAEMPER, HORST-EWA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
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 119.07(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 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:

Pferdekaemper, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-96 (407) 793-9869

CR2E034 (12/95)