

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F97000000514 (6)**  
 1. Corporation Name  
**TERMARK INTERNATIONAL, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1919 CENTRAL AVENUE<br/>CHEYENNE WY 82001</b> | Mailing Address<br><b>1919 CENTRAL AVENUE<br/>CHEYENNE WY 82001</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |                                |   |  |  |  |
|--|--------------------------------|---|--|--|--|
| 2. Principal Place of Business   |                                | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>01/30/1997</b> |  |
| 21 <b>200 WEST 17TH STREET</b>   | 26 <b>200 WEST 17TH STREET</b> | 4. FEI Number <b>84-1377085</b><br><b>-APPLIED FOR</b>                          |  | Applied For<br>Not Applicable                          |  |
| 22 <b>Suite # 80</b>   | 27 <b>Suite # 80</b>           | 5. Certificate of Status Desired <input checked="" type="checkbox"/>            |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23 <b>Cheyenne WY</b>  | 28 <b>Cheyenne WY</b>          | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24 <b>82001</b>  | 25 <b>USA</b>                  | 29 <b>82001</b>   |  | 30 <b>USA</b>  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |   |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>SHEPARD, MURRAY E<br/>SHEPARD, LESKAR AND LEVINE, PA<br/>409 SOUTHEAST 7TH STREET<br/>FORT LAUDERDALE FL 33301</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
|  |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  |  | 85 Zip Code <b>FL</b>                              |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------|---|--|
| TITLE                      | <b>PCD</b>                 | 1.1 TITLE   | <b>PCD</b>                             |
| NAME                       | <b>MRAKOVICH, T L</b>      | 1.2 NAME  | <b>TERRY L. MRAKOVICH, CPP</b>         |
| STREET ADDRESS             | <b>1919 CENTRAL AVENUE</b> | 1.3 STREET ADDRESS                                    | <b>200 WEST 17TH STREET - SUITE 80</b> |
| CITY - ST - ZIP            | <b>CHEYENNE WY</b>         | 1.4 CITY - ST - ZIP                                   | <b>CHEYENNE, WY 82001</b>              |
| TITLE                      | <b>STD</b>                 | 2.1 TITLE   | <b>STD</b>                             |
| NAME                       | <b>MRAKOVICH, BETTY L</b>  | 2.2 NAME  | <b>BETTY L. MRAKOVICH</b>              |
| STREET ADDRESS             | <b>1919 CENTRAL AVENUE</b> | 2.3 STREET ADDRESS                                    | <b>200 WEST 17TH STREET - SUITE 80</b> |
| CITY - ST - ZIP            | <b>CHEYENNE WY</b>         | 2.4 CITY - ST - ZIP                                   | <b>CHEYENNE, WY 82001</b>              |
| TITLE                      |                            | 3.1 TITLE   |  |
| NAME                       |                            | 3.2 NAME  |  |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 4.1 TITLE   |  |
| NAME                       |                            | 4.2 NAME  |  |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 5.1 TITLE   |  |
| NAME                       |                            | 5.2 NAME  |  |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                            | 6.1 TITLE   |  |
| NAME                       |                            | 6.2 NAME  |  |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                            | 6.4 CITY - ST - ZIP                                   |  |

14. 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 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **207-625-6219**

CR2E034 (10/97)