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

**PROFIT** CORPORATION ANNUAL REPORT

1999

TERMARK INTERNATIONAL, INC.

1. Corporation Name



DOCUMENT # F9700000514

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90074 046 \*\*\*150.00

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e of Business	Mailing Address			<u></u>		.,		1,61, 614, 100,	
H STREET .	200 WEST 17TH ST								ŀ
SUITE BO .				DO NOT WRITE IN THIS SPACE					
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	00				01/30/1997				
lace of Business	2a. Mailing Address	_			4. FEI Number		Ap	plied For	
	26				84-1377085		No	t Applicable	
#, etc.	Suite, Apt. #, etc.	_			5 Certificate of Status Desired	<b>1</b> 0			
	27				G. Common of the	<i>T</i> -	Fee Re	quired	
City & State City & State					6. Election Campaign Financing	П		.,	
28					Trust Fund Contribution			o Fees	
Country	Zip	_	ıntry		1	ent year Inta	_		
25	خالب مساحقتها	0	<del></del>		Personal Property Tax.	<del></del>		LJNo	
9. Name and Address of Current	Registered Agent		04		10. Name and Address of New R	egistered A	gent		
DADD MIDDAY E			81	Name					
			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		**	
CONTRACTOR TO SECURE, FA	S. PINE GLANG	Z	$h \bot$						
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T ENODENDALE TE 33307	707741) 57 234	_ ,,	84	City			85 Zip (	Code	ł
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to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the a	bove	named.corpo	pration submits this statement for the	purpose of c	hanging its	registered	-
registered agent, or both, in the State of Im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Stat	utes.	no corporation	ins board of directors. Thereby doosp	сто аррон	anone do re	g.010.00	
			Agent	signature required		DATE			á
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MRAKOVICH, BETTY L		2.2 NAME							
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		5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	AME TREET ITY-ST ITLE AME						
	A STREET  82001  Race of Business  #, etc.  PARD, MURRAY E PARD, LESKAR AND LEVINE, PA SOUTHEAST TH STREET  TO the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND  PCD  MRAKOVICH, T L 200 WEST 17TH ST, SUITE 80  CHEYENNE WY 82001  STD  MRAKOVICH, BETTY L 200 WEST 17TH STREET, SUITE	A STREET  B 2001  B 20	H STREET  82001  CHEYENNE WY 82001  Bace of Business  2a. Mailing Address 2b.  #, etc.  City & State  2a.  Country  Zip  MRAKOVICH, T L  Zip  MRAKOVICH, BETTY L  Zip  MRAKOVICH, BETTY L  Zip  MRAKOVICH, BETTY L  Zip  MRAKOVICH, BETTY L  Zip  Chevenne Wy 82001  DELETE  Zit  MRAKOVICH, BETTY L  Zip  Chevenne Wy 82001  DELETE  Zit  MRAKOVICH, BETTY L  Zip  Zip  Chevenne Wy 82001  DELETE  Zit  MRAKOVICH, BETTY L  Zip  Zip  Chevenne Wy 82001  DELETE  Zit  Zip  Zip  Zip  Zip  Zip  Zip  Zip	H STREET  82001  RESTREET  82001  RESTREET  SUITE 80  CHEYENNE WY 82001  US  2a. Mailing Address 2b. Suite, Apt. #, etc.  2b. Suite, Apt. #, etc.  City & State  2c. City & State  2d. Country  25  9. Name and Address of Current Registered Agent  PARD, MURRAY E  PARD, LESKAR AND LEVINE, PA  300000000000000000000000000000000000	A STREET  SUITE 80 CHEYENNE WY 82001 US  2a. Mailing Address 2b. Suite, Apt. #, etc.  27  29  Country  Zip  Country  Address  Zireet Addres  Ziv  Xireet Addres  Ziv  Xi	Malling Address # STREET  \$200 WEST 17TH ST \$UITE 80  CHEYENNE WY 82001  \$200 OHEYENNE WY 82001  \$200 OHEYEN OHEY	Mailing Address 4 STREET SOUNEST 17TH ST SUITE 80 OHEVENNE WY 82001 US  3. Date Incorporated or Qualified O1/30/1997 AFEI Number 84-1377085  #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Bill Name Country Zip Country Zip Country Ability Signature PARD, MURRAY E PARD, LESKAR AND LEVINE, PA SOURTEAST TRY STREET AUDERDALE FL 9390 SUITE # 20 / FLAUDERDALE FL 9390 SUITE # 20 / FLAUDERDALE FL 9390 SUITE # 20 / FLAUDERDALE FL 9390 OFFICERS AND DIRECTORS  Time and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of cegistered agent, or both, in the Salis of Section 607 0505, Florida Statutes OFFICERS AND DIRECTORS  Time OFFICERS AND DIRECTORS  Time OFFICERS AND DIRECTORS  Time UNIVERSALE  12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 23 STREET ADDRESS 14 CITY ST-ZP  TIME 12 NAME 13 NAME 14 CITY ST-ZP  TIME 14 TIME 14 NAME 13 NAME 14 NAME 14 NAME 14 NAME 14 NAME 15 NAME 16 NAME REGISTER AND SCREEN 16 NAME REGISTER AND SCREEN 17 NAME 18 NAME 19 NAME	Hastreet Sulfre Brown Sulfre Br	# STREET  # SOUR SOURS   TTH ST SUITE 80   # SOURS   SUITE 80   # SOUR   CHEYENNE WY 82001   # SOUR   CHEYENNE WY 82001   # SOUR   CHEYENNE WY 82001   # Applied For   # Appli

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 of supplemental annual report is frue and accurate and that my signature shall have the same tigal effect as if made under oath; that I am an officer or director of the corporation or the species 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 chapter 607 for any attachment with an address, with all pipe like approximation.

SIGNATURE: