COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1999

scinal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # F97000004769

LANDMARK SECURITIES CORPORATION

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90001 033 ***550.00



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1 SOUTHWEST FREEWAY			4151 SOUTHWEST FREEWAY							
)7 USTON TV 77097			#507 UOUSTON TV 33093					DO NOT WRITE IN THIS SPACE		
uston tx 77027			HOUSTON TX 77027					3. Date Incorporated or Qualified		
								09/12/1997		
Principal P	ace of Business		2a. Mailin	ng Address		`.		4. FEI Number Applied For		
Through Flade of Dealthood			26					75-2614444 Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
			27					Fee Required		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be		
			28					Trust Fund Contribution Added to Fees		
Zip Country		ountry	Zip Co			Country		8. This corporation owes the current year		
25			29 30					Intangible Personal Property. Yes No		
	9. Name and A	ddress of Current	Registered /	Agent		04		10. Name and Address of New Registered Agent		
etc	ELE, ANDREW				'	81	Name	8		
						Street	treet Address (P.O. Box Number is Not Acceptable)			
109 E. CHURCH STREET, #501 ORLANDO FL 32801										
ORL	A1100 I L 3200 I					83				
						84	City	85 Zip Code		
						1		FL ⁸ ^{2p code}		
Pursuant	to the provisions of	sections 607.0502 :	and 607.1508 f Florida, Su	8, Florida Statute	es, the ab	ove-	named : the cort	corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, an	d accept the obligati	ions of, section	on 607.0505, Flo	orida Stat	utes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NATURE .								where required when reinstating) DATE		
	Signature, typed or printed	name of registered agent a			OTE: Registe	red A	ent signat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	PDT	OFFICERS AND	DIRECTOR		1.1 TII	1 F		Change Addition		
. \	GILLOCK, JAM	IES C		DELETE	1.2 N			GILLOCK, JAMES C		
		S PLACE #100					ADDRESS			
ET ADDRESS	HOUSTON TX				1.4 CI			HOUSTON, TV 77027		
ST-ZIP	VSDC	11000		DELETE	2.1 TF			Change Addition		
	PRAPPAS, ELA	INF F		Policie	2.2 NA	ME				
ET ADDRESS	3758 DRAKE	1116					ADDRESS	s		
ST-ZIP	HOUSTON TX 77005				2.4 CITY-ST-ZIP					
31-21	DELETE				3.1 TI			Change Addition		
.					3.2 NA	ME				
ET ADDRESS					3.3 ST	REET	ADDRESS	s i		
ST-ZIP					3.4 CI	TY-ST-	ZIP			
	<u></u>			DELETE	4.1 TI	1E		Change Addition		
ļ					4.2 NA	ME				
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				DELETE	5.1 TIT	LE		Change Addition		
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		<u> </u>		DELETE	6.1 TIT	LE		Change Addition		
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T ADDRESS					6.3 ST	REET	ADDRESS	5		
ST-ZIP					6.4 CI	Y-ST-	ZIP			
						A)	-4-4 1	the analysis AAA 0310101 Chaide Chabites 1 forther another that the information is		

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 ndicated 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears n Block 12 or Block 13 if changed, or or attachment with an address.

GNATURE: