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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800006030

1. Corporation Name

LANDBASE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8100 BROADWAY, STE. 200 SAN ANTONIO TX 78209-1944 8100 BROADWAY, STE. 200 SAN ANTONIO TX 78209-1944

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90144 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 10/29/1998			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ac	plied For	
Z. Thiricipal F	lace of business	26			74-2783527	_ <del>    '</del>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75		
22	27			5. Certifcate of Status Desired		Fee Re		
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	·	
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year Intar Personal Property Tax.	ngible ⊠Yes	□No	
)	9. Name and Address of Current				10. Name and Address of New Registered A	gent		
			81	Name				
VAN STEENLANDT, MARC A								
200 S. ORANGE AVE. #2850				82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801-3438				83				
			84	City	FL	85 Zip (	Code	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was auth ons of, Section 607.0505, Florid	norized by a Statutes	the corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint ed when reinstating)  DATE	ment as re	gistered	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	CPST	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition	
NAME	CLOVER, WILLISTON H		1.2 NAME					
STREET ADDRESS	8100 BROADWAY, STE. 200		1.3 STREET ADDRESS					
	SAN ANTONIO TX 78209-1944		1.4 CITY-S	1				
CITY-ST-ZIP	OAN ANTONIO IA 10200 1044	☐ DELETE	2.1 TITLE			Change	☐ Addition	
			2.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			2.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	51-ZIP		Change	☐ Addition	
			3.2 NAME				_	
NAME				TADODESC				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-214		Change	Addition	
TITLE		ب محدداد	4. 2 NAME			_ •	_	
NAME				TADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	11-ZIP		Change	Addition	
TITLE			5.1 HILE 5.2 NAME					
NAME				TADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		O RELETE	5.4 CITY-S 6.1 T/TLE	11-414		Change	☐ Addition	
TITLE		☐ DELETE						
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

210 8297676