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

## CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997		30 m 77	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUMENT # H35090 (O) LANDMARK INVESTMENT NETWORK, INC.							
Principal Place	e of Business	Mailing Address	Mailing Address			OLDAN BARKI ONDIA OHBIA DII	AL HILLIUM II
15 PARADISE LN		15 PARADISE LANE	15 PARADISE LANE		ļ		
TREASURE ISLAND FL 33706			TREASURE ISLAND FL 33708-1129 US		1		
US		US			3. Date Incorporated or Qualified 12/12/1984	3a. Date of Last 05/16/1996	
2. Principal P 21	lace of Business	28. Mailing Address 26			4. FEI Number 59-2480976		Applied For Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.		***************************************	5. Certificate of Status Desired		Additional Required
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.0	May Be
<b>23</b>	Country Zip		Country		8. This corporation has liability for	intangible tax under	
24	25		00			Yes No	
040	9. Name and Address of (	Current Hegistered Agent	61	Name	10. Name and Address of New Re	gistered Agent	
	LSON, ROBERT H. ARADISE LN				(D C D )		
	ASURE ISLAND FL 33706		82 Street Ad		dress (P.O. Box Number is Not Acceptat	Sie)	
			83				
			84	City		85 Zi	p Code
11. Parsuant	to the provisions of Sections 6	77.0507 and 607.1508. Florida Statutes	the abov	e-named cor	poration submits this statement for the p	FL burpose of changing	its registered
office or n	egislered agent, or both, in the	State of Florida, Such change was au obligations of pection 607,0505, Flori	thorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointment	as registered
SIGNATURE	Allest 1	THUMON			- 1 CO 21	<b>-4</b> (9,4	<b>#</b>
12.	Standare, typed or parted name of regist	te ed agent and title if applicable (NOTE: RS AND DIRECTORS	Registered Ag	ant signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE (	OR\$ IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONG OF INTELL TO OF IT	Chang	·
NAM!	CARLSON, ROBERT H.		1.2 NAME				
STREET ADDRESS	15 PARADISE LN		1.3 STREET ADDRESS				
CHY-ST-ZIF	TREASURE ISLAND FL		1.4 CITY-ST-ZIP		······································		
T:1Lf	D CTERNENCON CHEAN C	DELETE	2.1 TITLE			Chang	e 🔲 Addition 🕻
NAME STREET ADDRESS	STEPHENSON, SUSAN C 15 PARADISE LN	•	2.2 NAME 2.3 STREET ADDRESS				1
CHY - S1 - ZIP	TOP A OLIDE TOLENO EL		2. 4 CITY -	1			
TITLE			3.1 TITLE		the same same same same same	Chang	e Addition
NAME			3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
DITY ST-7:P		☐ DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	<del></del>	Chang	e Addition
NAME		Lat Derrie	4.1 THE	Ì		La Chang	- 1.001(iQi)
STREET ADDRESS				T ADDRESS			Į.
CITY+S1-ZIP			4.4 CITY - S	ST-ZIP			
1111.6		DELETE	5.1 TITLE			☐ Chang	e 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME	}			j
STREEL ADDRESS			6.3 STREE	T ADDRESS			
Ci*Y+SI-7iP			6.4 CITY - 5	ST-ZIP	440.07/20/20 51	2 14 -0-2 - 02	
informatio	by certify that the information s in indicated on this annual repr	supplied with this filing does not qualify ort or supplemental annual report is tru	for the exe of and acc	ernption state urate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I turther certify that effect as if made	at the under oath; that
Lam an o appears i	ticer or director of the corpora n Block 12 or Block 13 if char	ation at the requiver of trustee empower gen or onlar attachment with an addre	red to exec ess	cute this repo	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	statutes; and that m	y name

**FILED** 

Apr 11 1997 8:00am