

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H35090**  
1. Corporation Name  
**LANDMARK INVESTMENT NETWORK, INC.**

Mailing Address

15 PARADISE LANE  
TREASURE ISLAND FL 33706-1129  
US

**3a. Date of Last Report**  
**05/16/1996**

**2a. Mailing Address**

|    |                     |
|----|---------------------|
| 26 | Suite, Apt. #, etc. |
|----|---------------------|

27 City & State

|    |     |         |
|----|-----|---------|
| 28 | Zip | Country |
|----|-----|---------|

|                |
|----------------|
| Applied For    |
| Not Applicable |

**\$8.75** Additional

**\$5.00** May Be  
Added to Fees

**B.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

|    |      |
|----|------|
| 81 | Name |
|----|------|

|    |  |
|----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
|----|--|

83

|    |      |
|----|------|
| BA | City |
|----|------|

|    |    |          |
|----|----|----------|
| FI | 85 | Zip Code |
|----|----|----------|

11. Pursuant to the provisions of Sections 607.0505 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 for this corporation, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Robert D. Johnson

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

## OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME            |                                 |                                   |
| 1.3 STREET ADDRESS  |                                 |                                   |
| 1.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME            |                                 |                                   |
| 2.3 STREET ADDRESS  |                                 |                                   |
| 2.4 CITY - ST - ZIP |                                 |                                   |

| 3.1 TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--------------------|---------------------------------|-----------------------------------|
| 3.2 NAME           |                                 |                                   |
| 3.3 STREET ADDRESS |                                 |                                   |
| 3.4 CITY-STATE-ZIP |                                 |                                   |

|                     |  |                                 |                                   |
|---------------------|--|---------------------------------|-----------------------------------|
| 4.1 TITLE           |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME            |  |                                 |                                   |
| 4.3 STREET ADDRESS  |  |                                 |                                   |
| 4.4 CITY - ST - ZIP |  |                                 |                                   |

|                     |   |
|---------------------|---|
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 of the corporation or on an attachment with an address

**SIGNATURE:** *Robert D. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7 1997 813.367.1823  
Date Daytime Phone #

7493

CR2E034 (9/96)