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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # H35090

LANDMARK INVESTMENT NETWORK, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90195 024 ***150.00

Principal Place	of Business	Mailing Address			L SOUTER DION STOR BEITT DUTTE INTER ORDER OFF))(#181) #181 #1 91} #	2 11 01 5 11 1001	
15 PARADISE LN TREASURE ISLAND FL 33706 US		15 PARADISE LANE TREASURE ISLAND FL 33706 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/12/1984				
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Api	olied For	
└	ace of Dosiness	26			59-2480976	<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A		
22	.,	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00 -	May-Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Country Zip Cou		у	8. This corporation owes the current year		_/	
24		29 3	o		Personal Property Tax.	Yes	<u> </u>	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent		
0.45	CON BOREDT II		84	1 Name				
Carlson, Robert H. 15 Paradise Ln			82	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
TREASURE ISLAND FL 33706			83	3				
			<u> </u>	ļ		1		
			84	4 City	F	85 Zip C	ode	
11. Pursuant office or reagent. I as	egistered argent or botte in the state in familiar with and agreet the obligat	of Florida Such change was autitions of Section 607.0505, Florid	norized by la Statute	y the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as reg	egistered istered	۔ ا
		nt and title if applicable. (NOTE: ROD DIRECTORS	egistered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	0
12.		DELETE	1,1 TITLE		ADDITIONS/OFFATOES TO OFFICE AC	☐ Change	Addition	7
1	PD CARLEON BOREST H		1,2 NAME				_	7
NAME	CARLSON, ROBERT H.			ET ADDRESS	•)	6
STREET ADDRESS	15 PARADISE LN TREASURE ISLAND FL		1.0 \$ IVE	EL MODIVESOS				
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} ,,,,,,,,, }	D .	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	יים
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6.4 CITY-ST-ZIP 14. I hereby cartify 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or open attachment with an address, with all other like empowered.

JE ERIOFO.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

727-367-1823

☐ Addition

☐ Change