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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H71147

(3)

LANDMARK SURVEYING AND MAPPING, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



% MICHAEL B. SCHORAH % MICHAEL B. SCHORAH 1850 FOREST HILL BLVD.. SUITE 100 1850 FOREST HILL BLVD.. SUITE 100 WEST PALM BEACH FL 33406-6094 WEST PALM BEACH FL 33406-6094 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1985 2. Principal Place of Business Applied For 2a, Mailing Address 4. FEI Number 59-2560498 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHORAH, MICHAEL 1850 FOREST HILL BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 63 WEST PALM BEACH FL 33406-6094 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS DELETE TITLE 1.1 TITLE Change Addition SCHORAH, MICHAEL B. NAME 1.2 NAME 10575 ST. ANDREWS RD STREET ADORESS 1.3 STREET ADDRESS **BOYNTON BCH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SCHORAH, EDITH 2.2 NAME 10575 ST. ANDREWS RD STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BCH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PUSEY, CRAIG S 3.2 NAME 5381 PINNACLE LANE STREET ADDRESS 3.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP **4000024350æ** -04/15/38--01017--028 DELETE 4.1 THLE TITLE

6.4 CITY - ST - ZIP 14. Thereby 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

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Block 12 or Block 13 if changed, or or in attachment with an address

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME.

CITY-\$1-ZIP

DELETE

DELETE

***150.00

***8.75

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-04/15/98--01017--029

Change

Addition