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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J06777

(3)

Mailing Address

LANDMARK TITLE COMPANY, INC.

FILED Apr 28 1997 8:00am Secretary of State

	E HIGHWAY. SUITE #1203 LES FL 33146-2946	1390 S. DIXIE HIGHWAY. CORAL GABLES FL 3314				
!	1			3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report 06/14/1996	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	10/4. b. /	26	**************************************	59-2656543	Not Applica	
Suite, Apt #, etc. Suite, Apt #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Oity & Star 23	ite	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b> ]	Country 25	Zip <b>29</b>	Country 30		Yes No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	egistered Agent	
	ITINSKY, LAWRENCE	****	B1 Na	me		
1390 S. DIXIE HIGHWAY, SUITE #1203 CORAL GABLES FL 33146				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 Cit	y ned corporation submits this statement for the	FL 85 Zip Code	
office or agent 1 a	registered agent, or both, in the sam familiar with, and accept the o	obligations of, Section 607.0505, Fi	orida Statutes.	corporation's board of directors. I hereby accelulation a	pt the appointment as registered	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TILE	P	☐ DELETE	1.1 TITLE		Change Addil	
NAME	NATINSKY, HELENE		1.2 NAME			
STREET ADORESS			1.3 STREET ADDR	ess		
CITY -ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			
THLE	CEO	☐ DELETE	2.1 TITLE		Change [ Addi	
NAME	NATINSKY, LAWRENCE		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDR	SS .		
CITY-ST-7IP	CORAL GABLES FL	DO CTC	2.4 CITY-ST-ZIF		[] (A [] Add	
THLE		☐ DELETE	3.1 TITLE	•	Change L. Addi	
NAME			3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDR	:555		
CITY - ST - ZIP TITLE		DELETE	3.4. CITY-ST-ZIF		Change Addi	
NAME		beed 1 2 2 2 1 2	4. 2 NAME			
STHEET ADDRESS			4.3 STREET ADOR	ess		
CHY-S*-789			4.4 CITY-ST-ZIP		•	
TPLE		☐ DELETE	5 1 TITLE		Change Addi	
NAME			5.2 NAME		•	
STREET ADDRESS	,		5.3 STREET ADDR	ess		
C11Y - S1 - ZIP			5.4 CITY-ST-ZIP			
TITL!		DELETE	6.1 TITLE		☐ Change ☐ Addi	
NAME:			6.2 NAME			
STREET AUDRESS	3		6.3 STREET ADDR	ESS		

4. 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 Nichaper 6, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/21/97

305/666-6188

Daytime Phone #