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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L30882

(9)

LANDGRAF MARKETING SERVICES INC.

Principal Place 228 MAGNOLIA WINDERMERE F US	\$T	Mailing Address 228 MAGNOLIA ST WINDERMERE FL 34786- US	228 MAGNOLIA ST WINDERMERE FL 34788-8634				
					3. Date Incorporated or Qualified 11/16/1989	d 3a. Date of L 02/05/19	
	ace of Business	28. Mailing Address			4. FEI Number		Applied For
Suite, Apt. i	# edz	26 Suito Apt # oto	Suite, Apt. #, etc.		59-2976053		Not Applicable
22	r, etc.	<u> </u>	27		5. Certificate of Status Desired		.75 Additional see Regulred
City & State)	City & State			6. Election Campaign Financing	S:	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Ζρ	Counti	у	8. This corporation has liability for		ider s. 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30	···············	Florida Statutes 10. Name and Address of New I	Yes X No	
LAN	DGRAF, JOHN P		8	Name		7-8	
	12-AVE		8	Street Addr	ess (P.O. Box Number is Not Accept	table)	
WIN	DERMERE FL 34788				MENOLIA ST	.4016)	
			8:				
			84	City		- 85	Zip Code
11 Days on 1	to the provinces of Costines CO7.0	100 and 007 1500 Florida Clai	dan dan ak			FL °°	-1 2
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was	s authorized t	by the corporati	oration submits this statement for the on's board of directors. I hereby acc	a purpose of change of the appointment of the ap	ant as registered
•	m familiar with, and accept the ob	ligations of, Section 607.0505, I	Florida Statuti	98.			
SIGNATURE .	Signature, typeo or printed name of registered	agent and little if applicable (N	OTE: Registered A	gent signature require	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PCEO DELETE		1.1 TITLE			☐ Cr	nange
NAME	LANDGRAF, JOHN P. 228 MAGNOLIA ST		1.2 NAME				
STREET ADDRESS	WINDERMERE FL		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE 2.1		ST-ZIP		□ C+	nange Addition
NAM:E		2.2				_	inings Last reconstruction
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2. 4 DITY			2,0	
TITLE	DELETE 3.		3.1 TITLE			□ cı	nange Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-S1-ZIP		DELETE	3.4. CITY			☐ Cr	anna [] tageitan
TITLE NAME		C) DECEIE	4.1 TITLE 4. 2 NAM	i		L, Cr	nange
STREET ADDRESS				T ADDRESS			
City-ST-ZIP			4.3 SIRE				
TITLE			5.1 TITLE			☐ CF	nange Addition
NAME			5.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY	1			
THLE		DELETE	6.1 TITLE			☐ Ci	hange 🔲 Addition
NAME.			6.2 NAMI				
CTREET ARRIPGEC			e a expr	T ASSURE CO			

64 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

SIGNATURE:

appears in Block 12 or Blog

CHATTER AND TYPED OF PANTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 407-876-5451

FILED

Feb 17 1997 8:00am

Secretary of State