Mar 23, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M62201

1. Corporation	n Name				1			
LANA MARKS LTD, INC.							. 4.411 \$1411 #4	
Principal Place	e of Business	Mailing Address			1	INI IINI WINI WINI		Bil Bibli ibbl
223 SUNSET A	VE.	223 SUNSET AVE.						
SUITE 220	00.400	SUITE 220			DO NOT WRIT	TE IN THIS S	PACE	
PALM BCH. FL 33480 PALM BCH. FL 33480 US US				3. Date Incorporated or Qualifed				
00					11/09/1987			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For				
21		26		65-0011821 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27					Fee Rec	
City & State	e	City & State	-		6. Election Campaign Financing Trust Fund Contribution	<u> </u>	\$5.00 t Added to	May Be Fees
Zip ,	Country	Zip	Country	'	8. This corporation owes the curre			_
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New R	tegistered A	gent	
, NESA	HE MARKS MA		81	Name				
NEVILLE, MARKS M.D. 223 SUNSET AVE., SUITE#220		82 Street Add		ress (P.O. Box Number is Not Accepta	ible)			
	M BEACH FL 33480		83					
,,,,,,,	W DE 1011 / E 00 100		<u> </u>					
		•	84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the	purpose of c	hanging its r	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was auf	thorized by	tne corporati	ion's board of directors. I hereby accep	or the appoint	mem as reg	izreien
l agent. i a:	m tamiliar with, and accept trip opyligation	ons of Section 607.0505, Fioric	da Statutes	i.				
. :	m familiar with, and accept the oxigation	ons or, Section 607.0505, Florid	da Statutes	i.				
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ager		ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Ager			DATE FICERS AND	DIRECTO	 RS IN 12
SIGNATURE 12.	Signature, typed or printed neight of registered agent SPFICERS AND	and title if applicable. (NOTE: F	Registered Ager		ed when reinstating)	DATE FICERS AND		
SIGNATURE 12. TITLE NAME	Signature, typed or printed nagar of egistered agent of FICER'S AND PS MARKS, LANA J.	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	 RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed negle of registered agent SFFICERS AND PS MARKS, LANA J. 223 SUNSET AVE., SUITE#220	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	 RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP.	Signature, typed or printed nagar of egistered agent of FICER'S AND PS MARKS, LANA J.	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	 RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME	Signature, typed or printed negle of registered agent SFFICERS AND PS MARKS, LANA J. 223 SUNSET AVE., SUITE#220	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature require T ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTOR Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE	Signature, typed or printed negle of registered agent SFFICERS AND PS MARKS, LANA J. 223 SUNSET AVE., SUITE#220	and title if applicable. (NOTE: F DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T. ZIP T ADDRESS ST. ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AND	DIRECTOR Change	RS IN 12 Addition
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CITY-ST-ZIP 14. I 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 trusted 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Daytime Phone #