

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M82592

1. Entity Name  
INTERMARK INDUSTRIES INC.



Principal Place of Business  
C/O BERNARD KREMEN  
6940 NW 43 ST  
MIAMI, FL 33166 US

Mailing Address  
1431 BROADWAY  
8TH FLOOR  
NEW YORK, NY 10018 US

FILED  
04 FEB 20 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-2894348  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KREMEN, BERNARD  
6940 NW 43 ST  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400029322974  
02/24/04--01060--016 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KREMEN, BERNARD  
STREET ADDRESS 6940 NW 43 ST  
CITY-ST-ZIP MIAMI, FL 33166

TITLE STD  
NAME LEVINE, ROBERT D  
STREET ADDRESS 1431 BROADWAY  
CITY-ST-ZIP NEW YORK, NY 10018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

VIV-840-1610

Daytime Phone #