

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45249

(2)

1. Corporation Name

LANDMARK SUPPORTERS, INC.

Principal Place of Business

20000 NW 47TH AVE  
MIAMI FL 33055-8543

Mailing Address

20000 NW 47TH AVE  
MIAMI FL 33055-8543



3. Date Incorporated or Qualified

09/23/1991

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6197615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, SAMUEL S.  
2885 S BAYSHORE DR  
SUITE 406  
COCONUT GROVE FL

81

Name BLUM, SAMUEL S.

82

Street Address (P.O. Box Number is Not Acceptable)

2666 TIBERTAIL AVE #104  
COCONUT GROVE, FLORIDA

84

City

FL

85

Zip Code  
33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BLUM, BETTY  
CITY - ST - ZIP 19945 NE 10TH PL WAY  
MIAMI FL

TITLE ☐ DELETE

NAME T  
STREET ADDRESS GREIF, HYMAN  
CITY - ST - ZIP 2251 NW 50 AVE  
LAUDERHILL FL

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS BELSITO, JEANNE  
CITY - ST - ZIP 415 N 46TH AVE  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS GAINES, ADAH  
CITY - ST - ZIP 21 JACARANDA DR #122  
PLANTATION FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25, 1996

Date

Daytime Phone #

BETTY BLUM PRES

CR2E037 (12/95)