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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33055-1543

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Same AS ABOVE

2a. Mailing Address

26 Same AS ABOVE

4. FEI Number
59-6197615

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, SAMUEL S.
2686 TIGERTAIL AVE. #104
COCONUT GROVE FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BLUM, BETTY
STREET ADDRESS 18945 NE 10TH PL WAY
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE T ☒ DELETE

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

2.1 TITLE ☒ Change ☒ Addition

TITLE SP ☐ DELETE

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

2.2 NAME ALFASSA, STELLA, Treasurer
2.3 STREET ADDRESS 5690 S. AVE IS RD.
2.4 CITY-ST-ZIP DAVIE, FL 33328

TITLE VPD ☒ DELETE

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

3.1 TITLE Editor ☒ Change ☐ Addition
3.2 NAME BELSITO, JEANNE
3.3 STREET ADDRESS SAME ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Recording Sec'y ☒ Change ☐ Addition
4.2 NAME GAINES, ADAH
4.3 STREET ADDRESS 21 JACARANDA DR.
4.4 CITY-ST-ZIP PLANTATION, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DIAZ, JULIO VPD ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS 10456 SW 27 ST
5.4 CITY-ST-ZIP MIAMI, FL 33133

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 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]

CR2E037 (9/96)