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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45249** (2)

1. Corporation Name

**LANDMARK SUPPORTERS, INC.**

Principal Place of Business

Mailing Address

**20000 NW 47TH AVE  
MIAMI FL 33055-8543**

**20000 NW 47TH AVE  
MIAMI FL 33055-8543**

3. Date Incorporated or Qualified

**09/23/1991**

4. FEI Number

**59-6197615**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 LANDMARK Learning Center**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 20000 NW 47th Ave**

**27**

City & State

City & State

**23 MIAMI, FLORIDA**

**28**

Zip

Country

Zip

Country

**24 33055**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUM, SAMUEL S.  
2666 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 **19945 NE 10TH PL WAY**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **ALFASSA, STELLA**  
STREET ADDRESS **5690 S ANEIS RD**  
CITY-ST-ZIP **DAVIE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **E** ☐ DELETE  
NAME **BELSITO, JEANNE**  
STREET ADDRESS **415 N 46TH AVE**  
CITY-ST-ZIP **HOLLYWOOD FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **GAINES, ADAH**  
STREET ADDRESS **21 JACARANDA DR #122**  
CITY-ST-ZIP **PLANTATION FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **DIAZ, JULIO**  
STREET ADDRESS **10486 SW 27 ST**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **PICKARD, CHARLES**  
STREET ADDRESS **1431 HAMMOND DR**  
CITY-ST-ZIP **MIAMI SPRINGS FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

*Stella Alfassa* **STELLA ALFASSA** 2/7/98 874-434-5494

CR2E037 (10/97)