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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45249					
1. Corporation Name LANDMARK SUPPORTERS, INC.					
Principal Place of Business 20000 NW 47 AVE MIAMI FL 33055-8543 US			Mailing Address 20000 NW 47TH AVE MIAMI FL 33055-8543		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/23/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6197615	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		29 30	
24 25		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					
TITLE	PO	<input type="checkbox"/> DELETE			
NAME	BLUM, BETTY				
STREET ADDRESS	19945 NE 10TH PL WAY				
CITY-ST-ZIP	MIAMI FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ALFASSA, STELLA				
STREET ADDRESS	5690 S ANEIS RD				
CITY-ST-ZIP	DAVIE FL				
TITLE	E	<input type="checkbox"/> DELETE			
NAME	BELSITO, JEANNE				
STREET ADDRESS	415 N 46TH AVE				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GAINES, ADAH				
STREET ADDRESS	21 JACARANDA DR #122				
CITY-ST-ZIP	PLANTATION FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	DIAZ, JULIO				
STREET ADDRESS	10486 SW 27 ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	PICKARD, CHARLES				
STREET ADDRESS	1431 HAMMOND DR				
CITY-ST-ZIP	MIAMI SPRINGS FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME		BELSITO, SUSAN			
6.3 STREET ADDRESS		1820 N. 47 AVE.			
6.4 CITY-ST-ZIP		HOLLYWOOD, FLA. 33021			

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, with all other like empowered.

SIGNATURE *Claudia McNeill* DATE 3-15-99 DAYTIME PHONE 954 432 2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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N45249



Landmark Supporters, Inc.

Enriching the lives of the mentally and physically handicapped residents of Landmark Learning Center

20000 N.W. 47 Avenue, Opa Locka, Florida 33055

Tel. 305/626-6163 Fax: 628-7201

Non Profit Corporation Annual Report

PRESIDENT

BELSITO, SUSAN

1820 No. 47 AVE

HOLLYWOOD, FLA. 33021

TREASURER

MCNEILL, CLAUDIA

1225 N.W. 92 AVE

PEMBROKE PINES, FLA. 33024

DIRECTOR

HOLT, ELEANORE

340 W. 64 STREET

HIALEAH, FLA. 33012

DIRECTOR

McMIKLE, STEVEN

3800 N.W. 2 COURT

DEERFIELD BEACH, FLA. 33442