FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22126

(7)

LANDMARK ORGANIZATION INC.

FILED May 02 1997 8:00am Secretary of State

Principal Place of Business 1250 CAPITAL OF TEXAS BUILDING 1, SUITE 100 AUSTIN TX 78746 US		_	Mailing Address 1250 CAPITAL OF TEXAS BUILDING 1, SUITE 100 AUSTIN TX 78746-6464 US						
		BUILDING 1. S							
		and the second s				3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1988 04/19/1996			
2. Principal Pi	ace of Business	2a. Mailing Ac	dress			4. FEI Number	1 3.7.07.10.	Applied For	
21		26	26			74-2386243 Not Applicat		Not Applicable	
Sulte, Apt. #, etc.		F₁ '	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27							
City & State		City & Stat	[28]			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Country		8. This corporation has liability for in			
24	25	29	ľ	30			Yes No		
	9. Name and Address of Curre					10. Name and Address of New Reg	stered Agent		
1200	CORPORATION SYSTEM D S. PINE ISLAND ROAD NTATION FL 33324			81 82 83	Name Streel Ad	dress (P.O. Box Number is Not Acceptab	e)		
				84	City		 85	Zip Code	
L							FL °		
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the ob!	te of Florida. Such chigations of, Section 6	onda statut iange was a 07.0505, Flo	s, the above uthorized by rida Statutes	the corpors.	rporation submits this statement for the p ation's board of directors. I hereby accep	it the appointmen	nt as registered	
Oldinations	Signature, typed or printed name of registered a		(NO1£		ed signature rec	Lured when reinstating)	DATE		
12.		ND DIRECTORS	DELETT	13.	-	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD NAME AND A STATE OF THE PARTY OF THE PART	Ш	DELETE	11 1111.1			Cha	rige L Addition	
NAME	SCHULTZ, MARK 1250 CAPITAL OF TEXAS, B	IDO 4 OTE 400		1.2 NAME					
STREET ADORESS CITY-ST-ZIP	AUSTIN TX	CDG., I, STE. IOU		1.3 STREET 1.4 CITY - S					
TITLE	Ť		DELETE	2111111	1		☐ Cha	inge 🔲 Addition	
NAME	JENKINS, DONNA			2.2 NAME					
STREET ADDRESS	1250 CAPITAL OF TEXAS, B	LDG., 1, STE 100		23 STREET	ADDRESS				
CITY-ST-ZIP	AUSTIN TX			2 4 CHY-	S1 - ZUP				
TETLE	<u> </u>		DELETE	3 1 1111 (Cha	inge 🔲 Addition	
NAME	MATEJCIK, REGIS			3.2 NAME					
STREET ADDRESS 1250 CAPITAL OF TEXAS, BLDG. 1, STE 100				3 3 STREET	ADDRESS				
CITY-ST-ZIP	AUSTIN TX			34 CHY-	S1-20P				
TITLE	\$		DELETE	4.1 Till.E			☐ Cha	ange 🔲 Addition	
NAME	jenkins, donna			4 2 NAME					
STREET ADDRESS	1250 CAPITAL OF TEXAS, B	LDG., 1, STE 100		4.3 STREET	ADDRESS				
CITY-ST-ZIP	AUSTIN TX			4.4 CITY - S	31 - ZiP	<u> </u>			
TITLE			DELETE	5.1 THLF			☐ Cha	ange Addition	
NAME				5.2 NAME	1				
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CHY-5	ST - ZIP				
TITLE			DELETE	6.1 TITLE			☐ Chi	ange 🔲 Addition	
NAME				G.2 NAME	1				
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				64 COY-5	S1-ZIP				
	by portify that the information curp	lied with this filling do	os not qualif			ted in Section 119 07(3)(i) Florida Statule	s. I further certify	that the	

1. I do nereby certify that the intermation supplied with this filling 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.