06-01-1999 90015 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F	P92000009335
LANDMARK GRAPHICS	, INC.



Principal Place	e of Business	Mailing Address						
1448 SE 7TH S DEERFIELD BEA		1448 SE 7TH ST. DEERFIELD BEACH FL	33441			DO NOT WRITE IN THIS	CONCE	
							3 SPACE	
						3. Date Incorporated or Qualifed		
						12/02/1992		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	plied For
21		26				65-0395024		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired	\$8.75 A	
22		27				5. Certificate of Citatos Besides	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	☐Yes	Mo
1	9. Name and Address of Current	t Registered Agent		I		10. Name and Address of New Registered	Agent	
				81	Name			
BAR	AN, PENNY S			-	St. 1 4 4 4	(D.C. Paul Number in Net Accordable)		
1448	SE 7TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
DEFI	RFIELD BEACH FL 33441			83				
				84	City	FI	85 Zip (	Code
					<u> </u>			no distance
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Si of Florida, Such change w	tatutes, the a	abov ad hv	e-named corp the corporation	poration submits this statement for the purpose on so board of directors. I hereby accept the appoint	i changing its pintment as re	registered gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505	, Florida Sta	tutes	i.			•
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (	NOTE: Registere	d Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP .	☐ DELETI	1.11	TITLE			☐ Change	Addition
NAME	Baran, Ken a		1.21	NAME				
STREET ADDRESS	4444 OF THE OT		STREE	TADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 (	CITY-S	T-ZIP			
TITLE	DST	☐ DELETI	2.1	TITLE			☐ Change	☐ Addition
NAME	BARAN, PENNY S	2.21		VAME				
STREET ADDRESS	1448 SE 7TH ST.	1		STREE	T ADDRESS			
			CITY-S					
CITY-ST-ZIP	DECRIPELD BEACH FL 33441	☐ DELET		CITLE	)1-ZIF		☐ Change	Addition
TITLE		_ DECE !		NAME				_
NAME								
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				CITY-S	ST-ZIP		- Charit	☐ Addition
TITLE			E 8 4.1 `	TITLE	!		Change	

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 607, 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.

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ OELETE

Change

☐ Change

\_\_\_ Addition

Addition

CR2E034 (11/98)