**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
* ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011345 (5)**

1. Corporation Name
**PREMARK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 824 HARRINGTON LAKE LANE<br>VENICE FL 34293 | 824 HARRINGTON LAKE LANE<br>VENICE FL 34293 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business
21 4126 Prescott Street
22 Suite, Apt. #, etc.
23 City & State: Sarasota, Fl
24 Zip: 34232
25 Country: Sarasota

2a. Mailing Address
26 4126 Prescott Street
27 Suite, Apt. #, etc.
28 City & State: Sarasota, Fl
29 Zip: 34232
30 Country: Sarasota

4. FEI Number: 65-0374767 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

LUCHANSKY, EDMUND A
824 HARRINGTON LAKE LANE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: Luchansky Edmund A.
82 Street Address (P.O. Box Number is Not Acceptable): 4126 Prescott Street
83 Sarasota, Fl 34232 (34232)
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☒ Change ☐ Addition<br>D |
| NAME | LUCHANSKY, EDMUND A | 1.2 NAME | Luchansky Edmund A |
| STREET ADDRESS | 824 HARRINGTON LAKE LANE | 1.3 STREET ADDRESS | 4126 Prescott Street |
| CITY-ST-ZIP | VENICE FL 34293 | 1.4 CITY-ST-ZIP | Sarasota, Fl 34232 |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** _____ Pres 4/26/1995 (813) 371-8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348810 CP