SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006638 (8) LANDMARK INVESTMENT GROUP, INC.

FILED Sep 16 1997 8:00am Secretary of State



Principal Place of Business 6434 JACK WRIGHT ISLAND RD ST AUGUSTINE FL 32082		Mailing Address P O BOX 99 ELKTON FL 32033 US	P O BOX 99 ELKTON FL 32033		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/18/1994	,	
2. Principal P	immorou DL	2a. Meijing Address	99	4. FEI Number 59-3238341	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 / 2 /	m Cast Fla	28 ELX + m	Fla.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3	25 Thushe	n 29 32033	30 St. Johns	8. This corporation owes or has personal Property Tax due Jur	ne 30. 🔲 Yes 🔲 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	Registered Agent	
	WAB, JOHN		81 Name			
6 CIMINNERON 82 Street Ad				dress (P.O. Box Number is Not Acceptable)		
PALM COURT FL 32137						
			83			
			84 City		FL 85 Zip Code	
11. Pursuant office or reagent La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607 1508, Florida Statule atte of Florida. Such change was a ligations of Section 607 0505. Flo	es, the above-named corpora juthorized by the corpora orda Statutes	poration submits this statement for the ilion's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE	John Schw Signature, typed or printed name of registered	46	Registered Agont signature requi	ived when reinstating)	9/10/97 DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	COLIMAD ADDV	☐ DELĒTĒ	1.1 TITLE		Change Addition	
NAME	SCHWAB, ABBY L		1.2 NAME			
STREET ADDRESS	P.O. BOX 99		1.3 STREET ADDRESS			
CITY-ST-ZIP	ELKTON FL 32033		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Acdition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Driese	4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CiTY - ST - ZiP			
TITLE		DELETE	6.1 THE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Ido 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 applied in Right 13 of Reported in Proceedings of the receiver of the procedure of the receiver of the rec

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