


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90090 005 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000056105					
1. Corporation Name SPACEMARK INTERNATIONAL CORPORATION					
Principal Place of Business 1477 W. FAIRBANKS AVENUE 100 WINTER PARK FL 32789 US			Mailing Address 1477 W. FAIRBANKS AVENUE 100 WINTER PARK FL 32789 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/20/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3255972	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent EVERIDGE, BENJAMIN J 1477 W. FAIRBANKS AVENUE SUITE 100 WINTER PARK FL 32789			10. Name and Address of New Registered Agent		
			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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	EVERIDGE, BENJAMIN J				
STREET ADDRESS	1477 W. FAIRBANKS AVENUE, #100				
CITY-ST-ZIP	WINTER PARK FL 32789				
TITLE	D <input type="checkbox"/> DELETE				
NAME	CALONIUS, ERIK				
STREET ADDRESS	901 E WASHINGTON ST				
CITY-ST-ZIP	ORLANDO FL 32801				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	DARLEY, HUGH				
STREET ADDRESS	901 E WASHINGTON ST				
CITY-ST-ZIP	ORLANDO FL 32801				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SCOTT, MARY				
STREET ADDRESS	1002 FOGGY BROOK LACE				
CITY-ST-ZIP	LONGWOOD FL				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	HUSK, GARY				
STREET ADDRESS	901 E WASHINGTON ST				
CITY-ST-ZIP	ORLANDO FL 32801				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SISSON, CINDY				
STREET ADDRESS	901 E WASHINGTON ST				
CITY-ST-ZIP	ORLANDO FL 32801				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Jim Rowsey, MD				
1.3 STREET ADDRESS	1000 S. HARBOUR ISL BLVD #2605				
1.4 CITY-ST-ZIP	TAMPA, FL 33602				
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	DONALD GOULD				
2.3 STREET ADDRESS	1600 S. MACDILL AVE H 504				
2.4 CITY-ST-ZIP	TAMPA, FL 33629				
3.1 TITLE	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS	1477 W. FAIRBANKS #100				
6.4 CITY-ST-ZIP	WINTER PARK FL 32789				

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMINE EVERIDGE 1/6/99

Date

407-647-1112

Daytime Phone #

CR2E034 (11/98)