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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jun 03 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000077388 (4)

KRESTMARC INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1924 N ATLANTIC BLVD. 1924 N ATLANTIC BLVD FT LAUDERDALE FL 33305 BOYNTON BEACH FL 33305-3726 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1994 04/29/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0551508 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILLERT, MARY M 1775 BANYAN CREEK CIR. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 City Zio 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition TITLE HILLERT, MARY M NAME 1.2 NAME 1775 BANYAN CRK. CRC. N. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change Addition TITLE 2.1 11111 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Сћапде Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 GITY - ST - ZIP DELETE Change Addition TITLE 51 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CHY - ST - ZIP

I do 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.