

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058887 (7)

1. Corporation Name

NORTHMARK VENTURE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

6700 N ANDREWS AVE SUITE 407
FT LAUDERDALE FL 33309

6700 N ANDREWS AVE SUITE 407
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 33 NE 2ND STREET

Suite, Apt. #, etc.

22 City & State
23 FT LAUDERDALE, FL

24 Zip 33301 Country 25 USA

2a. Mailing Address

26 33 NE 2ND STREET

Suite, Apt. #, etc.

27 Suite 200
28 City & State
29 FT LAUDERDALE, FL

30 Zip 33301 Country 31 USA

4. FEI Number

65-0599830

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

ROSEN, EVE W
6700 N ANDREWS AVE SUITE 407
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name J Scott SEGRAVES

82 Street Address (P.O. Box Number is Not Acceptable)
2881 NE 26th PLACE

83

84 City FT LAUDERDALE FL 85 Zip Code 33306

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:

J. Scott SEGRAVES, PRESIDENT

J. Scott SEGRAVES, PRESIDENT

5-8-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROSEN, EVE W
STREET ADDRESS 6700 N ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D
NAME SEGRAVES, J. Scott
STREET ADDRESS 2881 NE 26th PLACE
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE D
NAME PRISON, JAMES BLAKE
STREET ADDRESS 2001 NE 63rd street
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

J. Scott SEGRAVES

5/8/96

954/467-9950

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)