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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000062747

PAGEMARK INTERNATIONAL, INC.				
Principal Place of Business	Mailing Address			
1501 ROYAL CIRCLE APOPKA FL 32703 US	1501 ROYAL CIRCLE APOPKA FL 32703 US			
300	•	3. 0		
2. Principal Place of Business	2a. Mailing Address	4. F		
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. 0		
22	27	J . C		
City & State	City & State	6. E		
23	28	Т		

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90024 032 ***150.00



ipal Place of E	Business	Mailing Addre	ess					
ROYAL CIRCLE 1501 ROYAL CIRCLE KA FL 32703 APOPKA FL 32703 US					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/11/1995		
incipal Place of Business		2a. Mailing Ad	dress			4. FEI Number		Applied For
		26				59-3331710		Not Applicable
uite, Apt. #, et	G	Suite, Apt	. #, etc.			5. Certifcate of Status Desired		5 Additional Required
ity & State		City & Sta	nte			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
p	Country	Zip 29	Co.	intry		This corporation owes the current year Intan Personal Property Tax.	gible ∐Yes	□No
9.	Name and Address of Cu	rrent Registered Age				10. Name and Address of New Registered Ag	gent	
EVEDEO				81	Name			
EVERSON, JR. L 1501 ROYAL CIRCLE APOPKA FL 32703				82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	EI .	85 2	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 ai	m familiar with, and accept the obligations of, Section 607,0505, Flori		ا مامه الا
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	PRESIDE tegistered Agent signature required	EWT 4128/99 d when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EVERSON, LAWRENCE JR.	1.2 NAME	
STREET ADDRESS	1501 ROYAL CIRCLE	1.3 STREET ADORESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY- ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
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		4,4 CITY+ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	1
STREET ADORESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	•	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP