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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080140

1. Corporation Name

RAND MARK SALES, INC.

									ATTUK BURKE SURIA U	<b>.</b>      <b>38</b>	8111 BEID		
Principal Plac	e of Business	Mailing Address											
5535 CONSTANT SPRING TER			5535 CONSTANT SPRING TER										
LAUDERHILL FL 33319-5108		LAUDERHILL FL 33319-51C8					DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or			517102		
								10/16/1995	Quanto				
2 Deinning F	Mana of Business	· <del></del>	2a. Mailing Address					4. FEI Number			$\overline{}$	Ann	ied For
2. Principal Place of Business								I ''	65-06 19025		Not Applicable		
Suite Art # etc			Suite, Apt. #, etc.					00 00 18020			\$8.75 Ac ditional		
Suite, Apt. #, etc.			<b>⊢</b> '''					5. Certificate of Status Desired			Fee Required		
22			City & State										
City & Stat	ie .		<b>⊢</b> '					6. Election Campaign F Trust Fund Contribut	- 1	]		lded to	
23	Cour	100.4	Zip		intry		—-						1003
Zip Country			h " —			, J		·	is corporation owes the current year Intersonal Property Tax.				∃No
24	25		29 Basistared Apont	301			—-	10. Name and Address		istered /	☐ Yes		
	9. Name and Add	ess or Current	Registered Agent		81	Nam		10. Hame and Address	Of them they	<u> </u>	.90		
STE	RN, ALLAN H												
5535 CONSTANT SPRING TER					82	Stree	et Addr	ess (P.O. Box Number is N	x Number is Not Acceptable)				
LAUDERHILL FL 33319-5108					83								
באט	DENINCE I E 333 15	3100			83								
					84	City					85	Zip C	ode
						_				<u> </u>			
11. Pursuant	to the provisions of Se	ections 607.0502	and 607.1508, Florida Stat	tures, the a	bove	the co	d corp	oration submits this statements board of cirectors. I he	int for the pur eby accent the	pose ot o ne apcoir	onangir itment	ng its r as red	egistereo estered
agent. a	am familiar with, and a	cept the obligation	ons of, Section 607.0505, F	lorida Stat	utes.		porcin		,				
SIGNATURE													
JIGHATORE	Signature, typed or printed na				Agen	t signatuı	e require	d when reinstating)		DATE			
12.		OFFICERS AND		13.			<del>_</del> -	ADDITIC NS/CHANGE	S TO OFFIC	ERS ANI			
TITLE	DP		DELETE	1.1 ∏	TLE						☐ Cha	ange	Addition
NAME	STERN, ALLAN H			1.2 N	AME								
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STREET ADDRESS				235	TREET	ADDRES	is						
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NAME				3.2 N	AME								
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NAME				5.2 N			_						
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CITY-ST-ZIP					ITY-S1	r-zip	Щ-						
TMF	1		☐ DELETE	6.1 Ti	TLE		- 1				☐ Cha	ange	Addition

6.2 NAME

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, program attact may with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NG OFFICE ? OR DIRECTOR

Daytime Phone #

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90122 032 \*\*\*150.00