FILED

Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90034 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028845

PRIDEMARK PROPERTIES, INC.

Principal Place of Business Mailing Address											
450 NE 20TH ST 235 NE 5TH ST											
118 BOCA RATON FL 33432								DO NOT WRITE IN	THIS S	SPACE	
BOCA RATON FL 33431 US								3. Date Incorporated or Qualifed		7,7,02	
03								03/26/1996			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		I An	plied For
			maining / ladioso	ng radioss				65-0657829		_ 	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 /	
22			27)					5. Certifcate of Status Desired		Fee Re	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added t	
Zíp	Country Zip			Cou	Country			8. This corporation owes the current ye	ear Inta	ngible	
24	25 29 30			30	_		Personal Property Tax.			⊠Ño	
	9. Name and Address of Curre		tered Agent	1				10. Name and Address of New Regis	tered A	gent	
					81	Name				_	ļ
Bra	nstetter, robert l Jr					Ctrt	Adds-	ss (P.O. Box Number is Not Acceptable)		`	
400 S DIXIE HWY				82 Street Addr				ss (P.O. Box Number is Not Acceptable)			Í
#42	3				83						
BOC	A RATON FL 33432									7-1	
					84	City			FL	85 Zip (Code
office or r	to the provisions of Sections	of Florid ations of,	la. Such change was a Section 607.0505, Flo	uthonzed rida Statu	by ites	the corp	oration	ration submits this statement for the purping board of directors. I hereby accept the	appoint	tment as re	gistered
						3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					RS IN 12
TITLE				_	TIME 20		Dic	ector		Change	Addition
NAME				1.2 NA	1.2 NAME AO		An	derson, Christopher 2053 Flanders CT oca Ruten FC 3342	J.		
STREET ADDRESS	235 NE 5TH ST			1.3 \$7	REET	ADDRESS	77	2053 Flanders CT	7 .		j
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CH			P	oca Zaton CC 3342	28		
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STREET ADDRESS				I		ADDRESS					ļ
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				4.4 CI							Į
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STREET ADDRESS				5.4 Cf			ĺ				{
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT	_		├~			Change	Addition
NAME			_ 5000.0	6.2 NA			Ì				}
STREET ADDRESS						ADDRESS					
SIREEL ADDRESS	İ						1				

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, on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: