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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057399

LANMARK COMPUTER CONCEPTS, INC.

Principal Place of Business Mailing Address									#10 4 0000 4110	
1727 WOODPOND WAY 1727 WOODPOND WAY				,						
LUTZ FL 33549 LUTZ FL 33549					•					
LU12 FL 33549	•	LUI	12 FL 33349				DO NOT WR	ITE IN THIS S	PACE	
	*	•					3. Date incorporated or Qualifed			
	•	•					07/05/1996			
- D:	M 6 D		Adallina Addana				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		united For
<u> </u>	Place of Business		Mailing Address			•				pplied For
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Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			ند. سد حدید	=5Certifcate of Status Desired		2	Additional
22		27					3. 3. 3. 3. 3. 3. 3. 3.		Fee R	Required
City & Stat	te		City & State			•	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	. ⊔	Added	to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the cur	телt year Intan	igible	ļ
24	25	29		30			Personal Property Tax.]	Yes	□No
	9. Name and Address of Curren	nt Regist	tered Agent		T		10. Name and Address of New	Registered Ag	gent	-
	- 1 1	. y y	Control of the		81	Name				
EVA	INS, MARK P				Ш					
172	7 WOODPOND WAY	54.55.5		,	82	Street Add	ress (P.O. Box Number is Not Accept	table)		
	Z FL 33549				83		* A * * * * * * * * * * * * * * * * * *	1 14 2 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4. 17. 13.44°	7 8839 (81 (82)
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Design Service (C. S. C.	C 1 47 1				-	•		FL	I .	
11. Pursuant	to the provisions of Sections 607.050	2 and 60	07.1508, Florida Statu	tes, the a	bove	-named corp	poration submits this statement for the	purpose of ch	nanging its	s registered
	registered agent, or both, in the State am familiar with, and accept the obliga						ion's board of directors. I hereby acce	pt the appoint	ment as re	egistered
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SIGNATURE		nt and title if					ad when reinstation)	DAJF		
SIGNATURE	Signature, typed or printed name of registered ager		f applicable. (NOTE	E: Registered			ed when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		applicable. (NOTE	E: Registered	d Agent		ADDITIONS/CHANGES TO O	FFICERS AND		
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90012 039 ***150.00