

101-98B-8343-NC

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**FILED**  
**Oct 01 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P96000087911 (9)**

1. Corporation Name  
**LANDMARK ORGANIZATION INTERNATIONAL, INC.**



Principal Place of Business  
**1250 CAPITAL OF TEXAS HIGHWAY SOUTH  
 BLDG 1, SUITE 100  
 AUSTIN TX 78746**

Mailing Address  
**1250 CAPITAL OF TEXAS HIGHWAY SOUTH  
 BLDG 1, SUITE 100  
 AUSTIN TX 78746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1996**

4. FEI Number

**74-2810895**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
 NAME **SCHULTZ, MARK F**  
 STREET ADDRESS **1250 CAPITAL OF TEXAS HWY S, STE 100**  
 CITY-ST-ZIP **AUSTIN TX 78746**

TITLE **Secretary** ☐ DELETE  
 NAME **Donna Jenkins**  
 STREET ADDRESS **1250 Capital of Texas Bldg 1-100**  
 CITY-ST-ZIP **Austin, TX 78746**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 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 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.

SIGNATURE: **Donna Jenkins, Secretary** **01/01/98** **512 320 8000**

CR2E034 (5/98)