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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013714 (5)

1. Corporation Name

MARKHAM CROSSING, INC.

Principal Place of Business

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

59-3426621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHWARTZ, WINSTON D
CITY-ST-ZIP 3008 ALATKA CT.
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHWARTZ, LUCILLE A
CITY-ST-ZIP P.O. BOX 497 N/A
ORMOND BEACH FL 32074

TITLE ☒ DELETE

NAME D
STREET ADDRESS ARMSTRONG, ROSLYN J
CITY-ST-ZIP 28243 STONINGTON WAY
ESCONDIDO CA 92026

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHWARTZ, LEONIDAS M
CITY-ST-ZIP RT. 1, BOX 22, JUSTAMERE FARM
DOE HILL VA 24433

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 DIPHT
1.3 STREET ADDRESS Schwartz, Winston D.
1.4 CITY-ST-ZIP 3008 Alatka Ct.
Longwood, FL 32779

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D/VIS
2.3 STREET ADDRESS Schwartz, Lucille
2.4 CITY-ST-ZIP P.O. Box 497 (N/A)
Ormond Beach, FL 32074

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ~~Armstrong, Roslyn Schwartz~~
3.3 STREET ADDRESS ~~P.O. Box 497 (N/A)~~
3.4 CITY-ST-ZIP ~~Ormond Beach, FL 32074~~

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:

Winston D. Schwartz Winston Schwartz 2/15/98

(904) 760-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 9045622

CR2E034 (10/97)