1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081978

REMARK DEVELOPMENT, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90027 041 ***150.00



Principal Place	of Business	Mailing Address				ļ	1 (33114)			
3100 CLAY ST. SUITE 275 ORLANDO FL 32804		3100 CLAY ST. SUITE 275 ORLANDO FL 32804				-				
						DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed 09/19/1997			
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number		Appli	ed For
21		26					59-3470557	-	Not A	pplicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Add	ditional
22		27	27			5.	Certificate of Status Desired	Fee	Requ	ired
City & State	9	City & State				6.	Election Campaign Financing	\$ 5.	00 м	ay Be
23		28					Trust Fund Contribution	Add	led to I	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current year Int	angible		}
24	25	29	30				Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Registered	Agent		
				81	Name					
	RLMAN, CRAIG S			82	Street Addre	ess (P	O. Box Number is Not Acceptable)			$\neg \neg$
	HIGHLAND AVE				Ou out ridare					
ORLA	ANDO FL 32803			83	-					
				84	City			85	Žip Co	de
				**	City		FL	. " '	L.p 00	
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such chande was a	utnonzec	י עם נ	tne corporatioi	oracion on's bo	submits this statement for the purpose of lard of directors. I hereby accept the appoint	ntment a	s regis	itered
SIGNATURE	Signature, typed or printed name of registered agen			Agen	t signature required			. DIDE	0.7.0.0	0.01.40
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRE ☐ Cha		Addition
TITLE	PT AND ATTION	☐ DELETE	1.1 TI						igo	
NAME	KRAMER, STUART		1.2 N							1
STREET ADDRESS	3100 CLAY ST, SUITE 275				ADDRESS					}
CITY+ST-ZIP	ORLANDO FL 32804			TY-S1	r-ZIP			☐ Cha	000	Addition
TITLE	CSD	DELETE 2.1T		2.1 ΠΤ.Ε				□ Спа	iye	[_] Addition [
NAME	FUQUA, JEFFRY	2.2 N		2.2 NAME						ĺ
STREET ADDRESS			TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32805	· · ·	2.40	ITY-S	T-ZIP		·			T Addison
TITLE	D	☐ DELETE 3.11		TLE				☐ Cha	nge	Addition
NAME	Kramer, Sumner			AME						
STREET ADDRESS	3100 CLAY ST., SUITE 275		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32804		3.4. C	ITY-S	T-ZIP					
ππε		DELETE 4.11		.1 TITLE				Cha	nge	Addition
NAME			4.21	AME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	TY-ST	r-ZiP					
TITLE		☐ DELETE	5.1 TI					☐ Cha	nge	☐ Addition
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-S1	r-zip				r	
TITLE		☐ DELETE	6.1 TI					Cha	nge	☐ Addition
NAME			6.2 N	AME						

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 regeiver 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 appears with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

្នីនុះប៉ូត់ក្រុះ នៃក្នុងmer, President 3/23/99(407)896-9059