FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000052609

FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Feb 25, 1999 8:00 am Secretary of State Katherine Harris

02-25-1999 90067 032 ***150.00

LANDMA	RK COMMODITIES, INC.										
Dringing! Place	o of Puoingon	M	ailing Address					-			
Principal Place of Business Mailing Address 8129 REGENTS COURT 8129 REGENTS COURT UNIVERSITY PARK FL 34201 UNIVERSITY PARK FL 34201								. DO NOT WRITE	: IAI TUIC C	PACE	
								3. Date Incorporated or Qualifed 06/10/1998	IN THIS C	PACE	
2. Piincipal Pl	lace of Business	2a	. Mailing Address					4. FEI Number		Ар	plied For
21		26						65-0843318			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5 Certifcate of Status Desired		\$8.75 A Fee Re	I
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees			
23	<u> </u>	28	Zip		ountry			Trust Fund Contribution	t upor Into		o rees
Zip 24	Country	25 29 30		Journa y			This corporation owes the curren Personal Property Tax.		ngible ∐Yes	E No	
24	9. Name and Address of Current			<u> </u>	\top			10. Name and Address of New Re	gistered A	gent	
					81	Na	me			_	
BARTLETT, CHARLES J 2033 MAIN STREET, SUITE 600					82	Str	eet Addre	dress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34237											
					84	Cit	у		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statute	s, the	above	e-nan	ned corpo	ration submits this statement for the pu	rnose of o	hanging its	registered
office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligat	f Flori ions of	da, Such change was au f, Section 607.0505, Flor	ithoriz ida St	ted by latutes.	tne c	orporation	's board of directors. I hereby accept	ine appoin	Went as 16	gistered
SIGNATURE									DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	_			3.	ii signa	ture required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	D	J DIK	☐ DELETE	_	TITLE	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	LANDRY, ROBERT			1.2	2 NAME						
STREET ADDRESS	8129 REGENTS COURT			1.3	STREET	ADDR	ESS				
CITY-ST-ZIP	UNIVERSITY PARK FL 34201			1.4	CITY-S	T-ZIP					
TITLE			☐ DELETE	2.1	TITLE			•		☐ Change	☐ Addition
NAME				2.2	2 NAME						}
STREET ADDRESS					STREET		ESS				[.
CITY-ST-ZIP	-			2.	4 CITY-S	T-ZIP					
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NAME					2 NAME						1
STREET ADDRESS				3.0	3 STREET	TADDR	ESS				
CITY-ST-ZIP				_	4. CITY-5	T-ZIP	-			Change	Addition
TITLE			☐ nere ie	ı	1 TITLE						
NAME				·	2 NAME						
STREET ADDRESS				- 1	3 STREET		E555				
CITY-ST-ZIP			DELETE		CITY-ST	1-ZIP	- -			Change	Addition
TITLE					2 NAME						_
NAME STREET ADDRESS					3 STREET	TADDF	ESS				
CITY-ST-ZIP					4 CITY-S						
TITLE			☐ DELETE		1 TITLE					Change	Addition
NAME				6.3	2 NAME						1
STREET ADDRESS	The state of the state of			6.3	3 STREET	T ADDF	ESS				

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: