Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90096 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19113

1. Corporation Name

GREENMARK PROPERTIES, INC.

Principal Place of Business Mailing Address					
23283 ABERDEE		23283 ABERDEEN AVE			
PORT CHARLOTTE FL 33952		PORT CHARLOTTE FL 33952 US			DO NOT WRITE IN THIS SPACE
US		us			3. Date Incorporated or Qualifed 03/05/1992
- 2. Principal Pl	ace of Business	2a. Mailing Address			.4. FEI Number . Applied For
21		26			65-0318857 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certifcate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes You
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registered Agent
KOC	H, ROBERT F		81	Name	ne
			82	Street	et Address (P.O. Box Number is Not Acceptable)
23283 ABERDEEN AVE PT CHARLOTTE FL 33952			-	↓	
710	STANLOTTE TE 3033E		83	Ϊ	
			84	City	FL 85 Zip Code
44 Description of Sections 62 Octions 627 0502 and 607 1508. Florida Statutes, the above-parted composition 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		WOTE D			ure required when reinstating) DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	iit signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOCH, ROBERT F.		1.2 NAME		
STREET ADDRESS	23283 ABERDEEN AVE			T ADDRESS	255
	PORT CHARLOTTE FL		1.4 CITY-5		
CTTY-ST-ZIP	TORT GRANEOTTE TE	☐ DELETE	2.1 TITLE	5 (- Z _I F	☐ Change ☐ Addition
NAME			2.2 NAME		
				T ADDRESS	222
STREET ADDRESS	• • • • •	•	2. 4 CITY-		
CITY-\$T-ZIP TITLE		☐ DELETE	3.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME		* '	32 NAME		
STREET ADDRESS				TADDRESS	ess
CITY-ST-ZIP			3.4. CITY-		
TITLE		☐ DELETE	4.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	•			T ADDRESS	ess
CITY-ST-ZIP			4.4 CITY-		
TITLE	——————————————————————————————————————	☐ DELETE	5.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME :			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	ESS
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS