FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 28 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G77305** **(2)**

1. Corporation Name
SUNMARK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
931 VILLAGE BLVD #907-173 W PALM BCH FL 33409	931 VILLAGE BLVD #907-173 W PALM BCH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 12900 NE 11th Ave
22: Suite, Apt. #, etc.
23: City & State: N. Miami, FL
24: Zip: 33161
25: Country: Dade

2a. Mailing Address
26: 12900 NE 11th Ave.
27: Suite, Apt. #, etc.
28: City & State: N. Miami, FL
29: Zip: 33161
30: Country: Dade

4. FEI Number: 59-2473675 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLMARK MANAGEMENT, INC.
931 VILLAGE BLVD, STE 907
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

81 Name: Mark Williams
82 Street Address (P.O. Box Number is Not Acceptable): 12900 NE 11th Ave.
83:
84 City: N. Miami **FL** 85 Zip Code: 33161

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: Mark Williams — Mark Williams
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, MARK	1.2 NAME	
STREET ADDRESS	931 VILLAGE BLVD #907	1.3 STREET ADDRESS	12900 NE 11th Ave.
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	N. Miami, Fl 33161
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JANICE L	2.2 NAME	
STREET ADDRESS	931 VILLAGE BLVD #907	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mark Williams — Mark Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0249619 CP