

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H70103

(7)

1. Corporation Name
ERINMARK, INC.



Principal Place of Business % M. STEVEN SEMBLER 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	Mailing Address % M. STEVEN SEMBLER 5858 CENTRAL AVE. ST. PETERSBURG FL 33707-1728
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2. Principal Place of Business 21 11300 4th Street North Suite, Apt. #, etc. 22 Suite 200 City & State 23 St. Petersburg FL Zip 24 33716 Country 25 USA		2a. Mailing Address 26 11300 4th Street North Suite, Apt. #, etc. 27 Suite 200 City & State 28 St. Petersburg FL Zip 29 33716 Country 30 USA		3. Date Incorporated or Qualified 08/08/1985	3a. Date of Last Report 08/05/1996
		4. FEI Number 59-2581608		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			

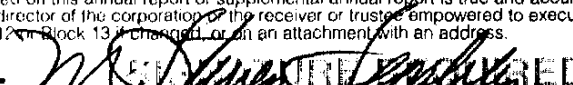
9. Name and Address of Current Registered Agent SEMBLER, M. STEVEN 5858 CENTRAL AVE. ST. PETERSBURG FL 33707		10. Name and Address of New Registered Agent 81 Name Sembler, M. Steven 82 Street Address (P.O. Box Number is Not Acceptable) 11300 4th Street North 83 Suite 200 84 City St. Petersburg FL 85 Zip Code 33716	
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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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	PST ☐ Change ☐ Addition
NAME	SEMBLER, M. STEVEN	1.2 NAME	Sembler, M. Steven
STREET ADDRESS	5858 CENTRAL AVE.	1.3 STREET ADDRESS	11300 4th Street North, Suite 200
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	St. Petersburg FL 33716
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	SEMBLER, M. STEVEN	2.2 NAME	Sembler, M. Steven
STREET ADDRESS	5858 CENTRAL AVE	2.3 STREET ADDRESS	11300 4th Street North Suite 200
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	St Petersburg FL 33716
TITLE	V ☐ DELETE	3.1 TITLE	V ☐ Change ☐ Addition
NAME	STROSS, PAMELA J.	3.2 NAME	Stross, Pamela J.
STREET ADDRESS	5858 CENTRAL AVE	3.3 STREET ADDRESS	11300 4th Street North Suite 200
CITY - ST - ZIP	ST. PETERBURG FL	3.4 CITY - ST - ZIP	St Petersburg FL 33716
TITLE	V ☐ DELETE	4.1 TITLE	V ☐ Change ☐ Addition
NAME	JOHNSON, DARIAN W.	4.2 NAME	Johnson, Darian W.
STREET ADDRESS	5858 CENTRAL AVE	4.3 STREET ADDRESS	11300 4th Street North Suite 200
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	St Petersburg FL 33716
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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 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; 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:  M. Steven Sembler 4-16-97 813577572
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)