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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H70103** **(7)**

1. Corporation Name
ERINMARK, INC.

Principal Place of Business	Mailing Address
% M. STEVEN SEMBLER **5858 CENTRAL AVE.** **ST. PETERSBURG FL 33707**	**% M. STEVEN SEMBLER** **5858 CENTRAL AVE.** **ST. PETERSBURG FL 33707-1728**

3. Date Incorporated or Qualified: **08/06/1985**
3a. Date of Last Report: **08/05/1996**

2. Principal Place of Business	2a. Mailing Address
21 11300 4th Street North	26 11300 4th Street North
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 St Petersburg FL	City & State 28 St. Petersburg FL
Zip / Country 24 33716 / 25 USA	Zip / Country 29 33716 / 30 USA

4. FEI Number: **59-2581606** ☐ 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	10. Name and Address of New Registered Agent
SEMBLER, M. STEVEN **5858 CENTRAL AVE.** **ST. PETERSBURG FL 33707**	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

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

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		

CR2E034 (9/96)

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 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: _____ M. Steven Sembler 4-16-97 813 577 5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0976124