


FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K21593 (4)			
1. Corporation Name STONEMARK DEVELOPMENT COMPANY, INC.			
Principal Place of Business		Mailing Address	
621 N.W. 53RD STREET SUITE #255 BOCA RATON FL 33487		621 N.W. 53RD STREET SUITE #255 BOCA RATON FL 33487	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
GORAY, GERALD A. 621 N.W. 53RD ST. STE.#255 BOCA RATON FL 33487			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> DELETE	13.	
NAME	GORAY, GERALD A.	1.1 TITLE	
STREET ADDRESS	621 N.W. 53RD ST.	1.2 NAME	
CITY - ST - ZIP	BOCA RATON FL	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
NAME	ZIEGELMAN, ERWIN C.	2.1 TITLE	
STREET ADDRESS	621 N.W. 53RD ST.	2.2 NAME	
CITY - ST - ZIP	BOCA RATON FL	2.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
NAME	BERGER, STANLEY L.	3.1 TITLE	
STREET ADDRESS	621 N.W. 53RD ST.	3.2 NAME	
CITY - ST - ZIP	BOCA RATON FL	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		04/21/1988	
4. FEI Number	65-0050373	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GORAY, GERALD A. 621 N.W. 53RD ST. STE.#255 BOCA RATON FL 33487	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	FL

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PD GORAY, GERALD A. 621 N.W. 53RD ST. BOCA RATON FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIEGELMAN, ERWIN C. 621 N.W. 53RD ST. BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, STANLEY L. 621 N.W. 53RD ST. BOCA RATON FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Barbara J. Pres.

1/6/98

561/994-2229

CR2E034 (10/97)