## FILED

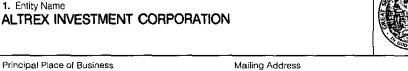
4-14-2003 90103 009 \*\*\*150.00

1. Entity Name

33 S.E. 7TH STREET

**BOCA RATON FL 33432** 

SUITE D





33 S.E. 7TH STREET SUITE D **BOCA RATON FL 33432** 

2. Principal Place of Business	3. Mailing Address
Cl. Oursens -	G/ CHAIR
SUPASUNMARK	SULPASUNMARK

800 West Cypress Creek Road

City & State Suite 280 Lauderdale, FL 33309 CHECK HERE IF MAKING CHANGES Applied For

7. Name and Address of New Registered Agent ----

4. FEI Number 60-0001233

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUNMARK REALTY ADVISORS, INC.

33 S.E. 7TH STREET SUITE D

**BOCA RATON FL 33432** 

800 West Cypress Creek Road

Suite 280

Zipt. Lauderdale, FL 33309

<b>+ai :10</b>		

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State NMARK

ALIEST HANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 800 West Cypress Creek Hoad TITLE TITLE ☐ Addition □ Delete Suite 280 POLLOCK, EDWARD J NAME NAME 33 S.E. 7TH STREET, SUITE D STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-7IP CITY-ST-ZIP **O West Cypress Creek Road** TITLE Delete TITLE Addition Suite 280 KRINSKY, JAY NAME NAME Ft. Lauderdale, FL 33309 33 S.E. 7TH STREET, SUITE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33532** CITY-ST-ZIP - Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental report is frue 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach-

SIGNATURE

AND TYPED OR PRINTED NAME OF