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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037577 (1)

SUNMARK REALTY ADVISORS, INC.

Principal Place	ETTO PARK ROAD	Mailing Address 399 W. PALMETTO PARK ROAD SUITE 104 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/16/1994			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
n]		26		65-0495758	Not Applicable		
Suite, Apt. #, etc		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u></u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Cour 30	ntry	This corporation owes or has paid the operational Property Tax due June 30.	urrent year Intangible Yes No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
KRINSKY, JAY 399 W. PALMETTO PARK ROAD SUITE 104 BOCA RATON FL 33432				81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant I	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	İ	84 City ove-named corp by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a		
SIGNATURE					<u> </u>		
Signature, typod or printed name of registerist agent and title if applicable. (Ni			Registered Agent signature require				
12.			13.	:	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
THLE			1.1 117	ţ		The Production	
NAME			1.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE	DS DS	☐ DELETE	2.1 TIT	Y-ST-ZIP		Change Addition	
NAME	KRINSKY, TINA J			ME			
STREET ADDRESS	399 W. PALMETTO PARK R	ROAD.		REET ADDRESS	• •		
CITY-ST-ZIP	BOCA RATON FL			TY-ST-ZIP			
TITLE	VT			LE		Change Addition	
NAME	ALDERMAN, MARK D		3.2 NA	ме			
STREET ADDRESS			3 3 STI	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		•	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT			Change Addition	
NAME			4. 2 NA	IME			
CAPCLA TOODLEC			(2.07)	OCET ADDDECC			

14. Thereby certify that the information supplied with this filling 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 supplied 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 fluid receive or fluid rece

4.4 CITY - ST-2IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

JAY KRINSKY, PERS. 3/5/98 561 392-935

Change

Addition

Change Addition

FILED

Mar 11 1998 8:00am

Secretary of State