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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047697 (4)

SAMARK PUBLISHING, INC.

CITY-SI-ZIP

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 725 N. AIA 725 N. AIA SUITE E-109 SUITE E-109 JUPITER FL 33477 JUPITER FL 33477 3a. Date of Last Report 3. Date Incorporated or Qualified 06/15/1995 03/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0593496 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing **\$5.00** May Be City & State **Trust Fund Contribution** Added to Fees 28 23 Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURG, ROBERT L 725 N. AIA Street Address (P.O. Box Number is Not Acceptable) 82 SUITE E-108 83 JUPITER FL 33477 84 City 85 Zip Code 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stgriations, typical or per two name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) (96/6) OFFICERS AND DIRECTORS 13. 12 Addition DELETE Change 1.1 TITLE THEF BURG, ROBERT L 1.2 NAME NAME 725 N. AIA, SUITE E-109 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 1.4 City-ST-ZIP CHTY - ST - ZIP Addition Change DELETE 2.1 TITLE TULLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST 7P Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIP Change Addition DELETE 51 TITLE THLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CHY-SI-ZIF Change Addition DELETE 6.1 TITLE TiTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ACIDRESS

6.4 CITY-ST-ZIP

14. I do hereby certily 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