FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000074672 (3)

1. Corporation Name

SANMARGER, INC.

Principal Place of Business	Mailing Address
112 EAST ST SUITE B TAMPA FL 33602	112 EAST ST SUITE B TAMPA FL 33602

2. Principal Place of Business
21 39468 [illegible]
Suite, Apt #, etc
22
City & State
23 Tarpon Springs FL
Zip 24 34689 Country 25 Pinellas

2a. Mailing Address
26 PO BOX 5211
Suite, Apt #, etc.
27
City & State
28 Palm Harbor FL
Zip 29 34684 Country 30 Pinellas

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report

4. FEI Number ☑ 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

DOLAN, MARK R
112 EAST ST
SUITE B
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Sandra Masters Sec/Treasurer Sandra Masters

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GLUCK, MARTIN	
STREET ADDRESS	C/O 112 EAST ST SUITE B	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DV	☐ DELETE
NAME	GLUCK, GERALD	
STREET ADDRESS	C/O 112 EAST ST SUITE B	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DST	☐ DELETE
NAME	MASTERS, SANDRA	
STREET ADDRESS	C/O 112 EAST ST SUITE B	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra Masters Sandra Masters 5/14/96 813-781-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)