

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000074672 (3)**

1. Corporation Name
SANMARGER, INC.

Principal Place of Business

39468 US 19 N
~~SUITE B~~
TARPON SPRINGS FL 34689
US

Mailing Address

P O BOX 5211
~~SUITE B~~
PALM HARBOR FL 34684
US

2. Principal Place of Business

21 39468 US 19 N.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 5211
Suite, Apt. #, etc.

City & State

22 TARPON SPRINGS, FL

City & State

27 PALM HARBOR, FL

Zip

24 34689

Country

25 U.S.A.

Zip

29 34684

Country

30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

08/20/1996

4. FEI Number **59-3409931**

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **GLUCK, MARTIN**
CITY-ST-ZIP **C/O 112 EAST ST SUITE B**
TAMPA FL 33602

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **GLUCK, GERALD**
CITY-ST-ZIP **C/O 112 EAST ST SUITE B**
TAMPA FL 33614

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **MASTERS, SANDRA**
CITY-ST-ZIP **C/O 112 EAST ST SUITE B**
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 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

Sandra B. Mortham 9/1/97 389-9417

CR2E034 (4/97)