

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
39468 US 19 N
TARPON SPRINGS FL 34689
US

Mailing Address
P-O BOX 5211
PALM HARBOR FL 34684
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 09/25/1995	
4. FEI Number 59-3409931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DOLAN, MARK R
112 EAST ST
SUITE B
TAMPA FL 33602

81	Name Sandra Masters
82	Street Address (P.O. Box Number is Not Acceptable) 2327 Woodbend Circle
83	
84	City New Port Richey FL
85	Zip Code 34655

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 4/20/98
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCK, MARTIN	1.2 NAME	
STREET ADDRESS	C/O 112 EAST ST SUITE B	1.3 STREET ADDRESS	3816 Cattail Marsh Ct Apt 254
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCK, GERALD	2.2 NAME	
STREET ADDRESS	C/O 112 EAST ST SUITE B	2.3 STREET ADDRESS	2379 Gunflint Trail
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, SANDRA	3.2 NAME	
STREET ADDRESS	C/O 112 EAST ST SUITE B	3.3 STREET ADDRESS	2327 Woodbend Circle
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 4/20/98 813/789-9667

CR2E034 (10/97)